

## Durham E-Theses

---

# *The Gendered and Sexual Experiences of Iranian Muslim Menopausal Women: A Biographical Narrative Approach*

AMINI, ELHAM

### How to cite:

---

AMINI, ELHAM (2017) *The Gendered and Sexual Experiences of Iranian Muslim Menopausal Women: A Biographical Narrative Approach*, Durham theses, Durham University. Available at Durham E-Theses  
Online: <http://etheses.dur.ac.uk/12209/>

### Use policy

---

The full-text may be used and/or reproduced, and given to third parties in any format or medium, without prior permission or charge, for personal research or study, educational, or not-for-profit purposes provided that:

- a full bibliographic reference is made to the original source
- a [link](#) is made to the metadata record in Durham E-Theses
- the full-text is not changed in any way

The full-text must not be sold in any format or medium without the formal permission of the copyright holders.

Please consult the [full Durham E-Theses policy](#) for further details.

---

Academic Support Office, Durham University, University Office, Old Elvet, Durham DH1 3HP  
e-mail: [e-theses.admin@dur.ac.uk](mailto:e-theses.admin@dur.ac.uk) Tel: +44 0191 334 6107  
<http://etheses.dur.ac.uk>

# **The Gendered and Sexual Experiences of Iranian Muslim Menopausal Women: A Biographical Narrative Approach**

---

**A thesis submitted to Durham University for the  
degree of Doctor of Philosophy**

**By Elham Amini  
School of Applied Social Sciences**

**2017**

# **Abstract**

This thesis explores the processes through which sexual and gendered experiences of Iranian Muslim menopausal women are shaped by hegemonic gender norms, and how these women do, in turn, express their agency. It addresses a significant gap in the literature, due in part to the dominant biomedical discourse that have failed to acknowledge the role of sociocultural factors in understanding the sexuality of menopausal women. Moreover, it is the first study that analyses the sexual, embodied and gendered experiences of Iranian Muslim menopausal women from their point of view, contributing to biographical sociology and sexualities research. Specifically, this is achieved by undertaking empirical research linking sexuality, ageing, and the body to the matter of *menopause* - conceived here as a gendered, embodied and lived phenomenon characterised both by cultural constraint and by individual reflexive body techniques. 30 biographical, life course interviews, were conducted and I scrutinise the ways in which women articulate critical agency and bodily practices in milieux structured by masculine power over three different stages of their lives: childhood, womanhood and menopause. Highlighting the events and experiences that have been significant in shaping the sexual and gendered biographies of my interviewees, I discuss how cultural meanings and symbols have emerged and been negotiated by these women at these different stages of their lives. Importantly, it is argued that this ultimately demonstrates the significance of female agency in respect of the socio-cultural contexts in which women are typically conceived as being afforded little autonomy, as well as their reflexive embodiment, their cultural consent as well as the contesting of power. Indeed, the women's stories reveal that 'the gendered body' and experiences of sexuality are created in the interaction between, at the macro-level, socio-cultural structures and, at the micro-level, personal, embodied, responses to these normative structures.

# Table of Contents

<b>Contents</b>	<b>Page</b>
Abstract.....	ii
Table of Contents.....	iii
Statement of Copyright and Declaration.....	viii
Acknowledgments and Dedication .....	ix
<b>1. Setting the Scene.....</b>	<b>1</b>
1.1 Introduction.....	2
1.2 Why Study Sexuality of Menopausal Women? .....	6
1.2.1 <i>Addressing an Academic Gap</i> .....	6
1.2.2 <i>Locating My Personal Interest in the Research Topic</i> .....	13
1.3 Political/Historical Context.....	15
1.4 A note on Terminology.....	16
1.4.1 <i>Menopause</i> .....	16
1.4.2 <i>Religious</i> .....	18
1.5 Summary and Structure of the Thesis.....	19
<b>2. Literature Review.....</b>	<b>24</b>
2.1 Introduction.....	25
2.2 Exploring Theoretical Positions on Gender, Sexuality, the Body and Menopause.....	25
2.2.1 <i>Post-structural, Social Constructionist and Interactionist Approaches</i> .....	26
2.2.2 <i>Practice Theory and Embodiment</i> .....	31
2.3 Approach of My Research.....	33
2.4 A Review of the Empirical Literature .....	39
2.4.1 <i>Menopause</i> .....	40
2.4.2 <i>Sexuality, Ageing, Gender and Menopause</i> .....	49
2.4.3 <i>Previous Research in Iran</i> .....	59
2.5 Summary.....	66
<b>3. Theoretical Framework .....</b>	<b>71</b>
3.1 Introduction.....	72
3.2 Life Course .....	73
3.2.1 <i>Life Course as a Concept</i> .....	74
3.2.2 <i>Pertinence of the Life Course: Viewing Menopause as a Turning Point</i> ..	76

3.3 Gender and Sexuality Theories Revisited .....	79
3.3.1 <i>Patriarchy and Walby's Approach</i> .....	80
3.3.2 <i>Hegemony, Gender and the Gender Order</i> .....	84
3.3.2.1 Hegemony .....	84
3.3.2.2 Gender .....	85
3.3.2.3 The gender order .....	88
3.3.2.4 Hegemonic masculinity, agency, and cultural consent .....	93
3.3.3 <i>Pertinence of Connell's Gender Order Concept</i> .....	94
3.4 Embodiment .....	96
3.4.1 <i>Introduction</i> .....	96
3.4.2 <i>Notion of Body in Social Sciences</i> .....	97
3.4.3 <i>Perspectives towards Body and Reflexive Embodiment Techniques</i> .....	98
3.4.4 <i>Pertinence of Crossley's 'Reflexive Body Techniques' Concept</i> .....	104
3.5 Gender Order, Reflexive Body Techniques and Life course: Integration .....	105
3.5.1 <i>Connell's Gender Order and Reflexive Body Techniques</i> .....	105
3.5.2 <i>Connell's Gender Order and Life Course Approach</i> .....	106
3.5.3 <i>Life Course Approach and Reflexive Embodiment</i> .....	108
3.6 Conclusion and Summary .....	109
<b>4. Methodology</b> .....	111
4.1 Introduction: .....	112
4.2 Methodology Matters: .....	112
4.2.1 <i>Qualitative or Quantitative Research</i> .....	113
4.2.2 <i>A Feminist Research Paradigm: Biography as Personal and Social:</i> .....	118
4.2.3 <i>The Role of Authenticity:</i> .....	121
4.2.4 <i>Biographical Research Approach:</i> .....	123
4.2.5 <i>Why Biographical Research?</i> .....	124
4.2.5.1 Biographical Research Approach is Compatible with Feminist Paradigm .....	124
4.2.5.2 Biographical Research Approach is Compatible with the Theoretical Framework of This Research .....	126
4.2.5.3 Biographical Research is an Appropriate Paradigm for This Research to Answer the Research Questions.....	127
4.2.6 <i>Biography as a Source of Authentic Data</i> .....	129
4.3 Reflexivity.....	132
4.3.1 <i>Exploring Insider/Outsider Dynamics: Habitus and Capital in the Field</i> .	133

4.3.2 <i>Emotionality in Research and ‘Understanding’: The Personal is Political</i>	145
4.4 Research Practice, Process and Procedure	146
4.4.1 <i>Research Questions</i>	147
4.4.2 <i>Recruitment of the Participants</i>	147
4.4.2.1 <i>Process of Recruitment in Religious Classes</i>	150
4.4.3 <i>Doing the Interviews</i>	157
4.4.4 <i>After the Interview, and the Issue of Saturation</i>	158
4.4.5 <i>Narrative Analysis</i>	160
4.4.6 <i>Ethics</i>	162
4.5 Chapter Conclusion	164
<b>Findings and Discussion</b>	165
Introduction	166
<b>5. Childhood/Girlhood</b>	170
5.1 Introduction	171
5.2 Gender Discovery	172
5.2.1 <i>Gender Discovery through Gender Discrimination</i>	174
5.2.2 <i>Gender Discovery through Sexual Awareness and Family Strategy</i>	182
5.2.3 <i>Gender Discovery through Physical Differences</i>	188
5.3 Puberty	193
5.3.1 <i>Growing Breasts</i>	194
5.3.2 <i>Menstruation and Menarche</i>	198
5.4 Family Management of Sexuality Signs	205
5.5 Virginity Proof System	210
5.6 ‘A Girl’ and a ‘Good Girl’	215
5.7 Conclusion	219
<b>6. Womanhood</b>	222
6.1 Introduction	223
6.2 Marriage	225
6.2.1 <i>Timing of Marriage</i>	228
6.2.2 <i>Women’s Perception of Marriage</i>	234
6.2.3 <i>Getting to Know the Husband</i>	238
6.3 First Sexual Experiences and Sexual Conversations	244
6.4 Requirements for Being Identified as a ‘Proper Wife’	251

6.5 Domestic Labour.....	259
6.6 Gender Roles and Education.....	266
6.7 Sex as a Joy or a Duty and Sacrifice.....	271
6.7.1 <i>Responding to the Pressures of Sex in Marriage</i> .....	272
6.7.2 <i>Attitudes to Sex</i> .....	278
6.8 Conclusion .....	284
<b>7. Menopausal Time .....</b>	<b>288</b>
7.1 Introduction.....	289
7.2 Disclosure of Diagnosis: Onset and Timing of Menopause .....	291
7.2.1 <i>Onset of Menopause and Menopausal Signs</i> .....	297
7.3 Structural Influences on Understanding of Menopause.....	304
7.3.1 <i>Resources for understanding menopause</i> .....	304
7.3.2 <i>Menopause as a source of illness and depression; and as a time for re-evaluating life</i> .....	306
7.3.3 <i>Menopause as a sign of being old</i> .....	308
7.3.4 <i>Menopause as a death reminder</i> .....	310
7.3.5 <i>Menopause as a body reminder</i> .....	312
7.4 Body Image and Cosmetic Surgery .....	314
7.5 Sexual Experiences.....	324
7.5.1 <i>The Impact of Medical Discourse</i> .....	334
7.6 Loss Narratives and Menopausal Identity.....	337
Conclusion.....	351
<b>8. Conclusions .....</b>	<b>355</b>
8.1 Introduction.....	356
8.2 Summary of Findings .....	356
8.2.1 <i>Childhood</i> .....	357
8.2.2 <i>Womanhood</i> .....	359
8.2.3 <i>Menopausal Time</i> .....	362
8.2.4 <i>Summary</i> .....	364
8.3. Original Contribution to Knowledge .....	366
8.4 Limitations of the Study .....	368
8.5 Recommendations for Further Research.....	369
<b>Appendices.....</b>	<b>371</b>
Appendix 1: Information and consent form: .....	371



Appendix 2: Interview Guideline .....	374
Appendix 3: Themes and Typology.....	377
Appendix 4: Approved Ethics Application.....	378
<b>References</b> .....	387

# **Statement of Copyright and**

## **Declaration**

The copyright of this thesis rests with the author. No quotation from it should be published without the author's prior written consent and information derived from it should be acknowledged. I declare that this is my own work and has not been submitted for the award of a higher degree anywhere else.

## **Acknowledgments and Dedication**

My PhD peregrination was an intellectual and emotional labour that could not have finished without support of many people along its way. My first thanks go to my parents, Mehri Alavi and Mehdi Amini, for their faith, love, patience and unconditional support over my life. For accepting to come to the UK and looking after and soothing me so well during those last months in which the anxiety of finishing the PhD made me to feel overwhelmed.

My deep thanks go to my supervisors, Professor Maggie O'Neill, Dr Mark McCormack and Dr Tiago Moreira for their continued supervision and guidance. I am indebted to Professor Maggie O'Neill for her inspiration, faith, kind support, positive encouragement and all of her travels from York to Durham. She was not only my supervisor but importantly my key mentor and a role model for my life. I am sincerely grateful to Dr Mark McCormack who kindly accepted to supervise me in my last year, generously sharing his time and with his knowledge and insight added richness to this thesis. I would like to thank him for his kindness throughout this process and giving me new opportunities to learn. I am enormously grateful to Dr Tiago Moreira who has guided me with his wisdom, knowledge and experience since I came to Durham. I would like to acknowledge him for his constructive feedback, generous advice and constant positive support during supervision which made this thesis possible.

I feel privileged to be a member of St Aidan's College which is full of people supporting the students. Dr Susan Frenk, the principal, deserves recognition for her inspiration, support and commitment to the students.

I have been incredibly fortunate to have had wonderful friends. Nakisa and Biti! I will always remain grateful for your support and love over the years. You have raised me up when I was falling. We have shared so much; you are in my heart forever. Thank you, Sanaz for being a friend that I can turn to whenever I need. Natasha, Maryam and Nahid, thank you for your help to recruit the participants and for your prayers for me. I express my deepest gratitude and appreciations to Dr Nabipour for all of her emotional and moral support to finish this work. When I wanted to give up, she was the one who helped me to stay strong and kept going.

I also owe thanks to my dear officemates, Josie, Coral, Jen and Cynthia for brightening my gloomy days in Durham and offering me a rock on which to lean. Thank you Josie for the kind notes, coffees and hugs! I would also like to express my gratitude to Dr William Craige for his advice on the “Theoretical Framework” chapter of this thesis. Thanks to Dr Matthew David for his moral support which was valuable for me.

I would like to extend my appreciation to the staff members of the School of Applied Social Sciences especially Sarah Fiona Jackson whose office door was always open whenever I ran into trouble or had a question.

Many thanks are due to the women who participated in my research for giving me their time and trust and sharing their stories, which made this study possible.

And my last thanks again to my parents who have made huge sacrifices to raise and educate me. I would have not been able to complete this PhD without their support. This thesis is dedicated to them.

# **1. Setting the Scene**

## 1.1 Introduction

This thesis is about the sexual and gendered experiences of religious Muslim menopausal women in Iran; deploying a qualitative biographical/ life history perspective. Biographical methods have shifted from a focus on a single story of a life linked to Chicago school sociology to the study of individual and group experiences “using a variety of material and interpretive approaches” (Roberts, 2015, p11). Indeed, “*the biographical approach emphasises the placement of the individual within a nexus of social connections, historical events and life experiences*” (O’Neill, Roberts & Sparkes, 2015, p.1) (i.e. the life history/histories).

The research tracks the ways in which women preserve practices of critical agency in a milieu structured by masculine power. This thesis is both a statement on and an exploration of *agency* as it relates to a group in society that is commonly perceived to have little, or even none – with menopause representing a period in a woman’s life when her sexuality and her agency face particular challenges and risk of cultural erasure or invisibility.

In this research, I aim to understand Iranian Muslim (Shiite) menopausal women’s sexuality from their particular viewpoints (as unheard voices in Iranian society), and to examine the socio-cultural influences on their personal narratives of sexuality – that is, the gendered power context in which menopausal women negotiate their sexuality in relation to men and gender inequality. Following C. Wright Mills (1959), the research maintains that analysing intimacy has considerable potential for understanding broader social structures and social change.

However, this research also shares with Connell (2007, 2014) a scepticism about Northern (social) theory when it is applied, often without qualification, to societies of the Global South (e.g. Iran) - especially insofar as such theory fails to adequately account for women's subjectivity and their exercise of critical agency in constrained milieu which structure women's sexual and gendered experiences at the level of everyday life. Hence, to explore the possibility of the critical agency of Iranian Muslim menopausal women in their socio-cultural context in which the power relations of the gender order are embedded, I explain how such agency is enacted in the practice of these women by analysing their narratives – and, more specifically, their life stories, including those in relation to the embodied nature of sexuality and menopause, and dominant conceptions of women's bodies. So, this thesis, by highlighting menopause, ageing, notions of the body, and medicalisation in relation to sexuality and gender, articulates women's understanding of and from their menopausal bodies, and scrutinises the way that medicalisation shapes women's understanding and experiences of menopause and sexuality.

By employing a biographical life course approach, I argue that sexuality is a project spanning an individual's entire life; a key assumption here is that what happens in respect of a woman's earlier sexual life (beginning in childhood in terms of a sense of gender and sexuality, and then actual experiences later in womanhood) can be crucial in influencing her sexuality during the time of her menopause (Warde, 2005). Through a life course lens, I can link not only early sexual and gendered experiences to sexuality after menopause, but also the micro and macro levels of society in order to

disentangle the dilemma of structure and agency. So, in-depth narrative life history interviews with Iranian Muslim menopausal women on their sexual biographies have been conducted in order to generate the necessary data for analysis.

Moreover, by providing a reflexive space within the interviews for the participants to speak, my biographical approach develops the objectives of this research by giving Iranian Muslim menopausal women – as an otherwise silent group of women – a chance to speak, be heard and to participate in the construction of knowledge emerging from this study. It places the participants' realities at its centre, focussing on their subjective interpretation and perspectives instead of identifying their experiences as objective facts (O'Neill, 2010). Furthermore, as such a biographical research approach is based on each individual's narrations and the meaning that women give to their everyday lives, it is very dependent upon their agency as storytellers, both in creating their biographically unique stories and in the social embeddedness that enables women to adopt and adjust the narrative types that different structures and discourses make accessible (Frank, 1995; Plummer 1995). On this basis, gender and sexuality, then, are treated in this research as embedded in the meaning deployed by individuals in the socio-cultural structure of society. Such meaning making is produced by the interaction of active agents in their everyday lived experiences with the socio-cultural structures and different discourses they inhabit (Hammack & Cohler, 2009).

Therefore, this research adopts a biographical narrative approach; specifically the ways in which individual Iranian Muslim women's sexual



biographies are shaped by cultural, social and religious (Islamic) structures; and the different agentive which such women may respond, in turn, to these social structures. In this process, I also illustrate what the notion of biography adds to understanding of these women's experiences. To this end, my study seeks answers to the following research questions:

- How do different structural discourses (social, cultural, religious) shape menopausal women's sexual lives?
- What is the relationship between ageing, sexuality, the body/embodiment and gender in the way that Iranian Muslim menopausal women experience significant events related to their sexual being across the life course?
- How do Iranian Muslim menopausal women as individual bodily agents engage with and respond to the gender order?

The work presented in this thesis may be of concern not only to those interested in gender and sexuality but also those interested in ageing, gerontology and medical sociology. Figure 1 provides an overview of the key areas addressed in the first section of the thesis:

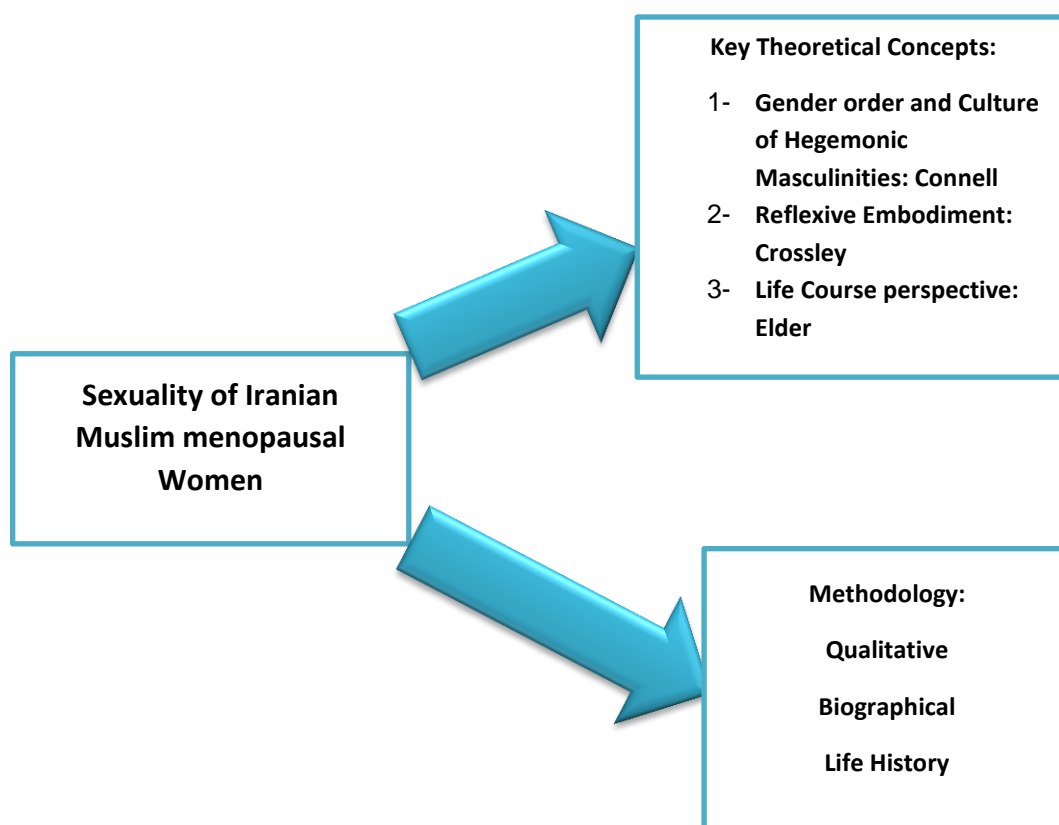


Figure 1

## 1.2 Why Study Sexuality of Menopausal Women?

The motivation for conducting this research is a combination of my previous life experience and a gap in the academic research. The next section will begin by explaining this gap and then will turn its attention to outlining my personal interest and background in relation to the research topic.

### 1.2.1 Addressing an Academic Gap

Populations across the world, in both the developed and developing nations, are ageing rapidly<sup>1</sup>. Although we all experience ageing through the changes in our bodies, and there has been some awareness in the humanities and social sciences more broadly that bodies have an intimate relationship with cultural structures, it was not until recently that the body and its association

---

1

[http://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2015\\_Report.pdf](http://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2015_Report.pdf)

with culture was identified as missing from research on older people's lives specifically (Katz, 2010; Clarke & Korotchenko, 2011; Twigg, 2004). Katz (2010) argues that we cannot separate the body either from the meanings we attach to old age or from its physical reality. In this vein, there is now an increasing focus in studies of ageing on both the body itself and the socio-cultural structures from which we derive meanings of ageing. However, there remains a gap in the literature when it comes to addressing the ageing body in relation to issues of *sexuality* – an absence that is mirrored in the wider society and its perpetuation of aged-related stereotypes about sexual activity and desire. Indeed, albeit more generally, Grogan (2010, p. 61) emphasises the importance of the meanings we attach to old age by stating: “*we are not judged by how old we are, but how young we are not.*” And it can be argued that such ‘common sense’ beliefs and normative, institutional practices are precisely nowhere more visible than in respect of sexuality.

According to the WHO<sup>2</sup>, sexual health can be defined as a state of physical, emotional, mental and social well-being, in relation to sexuality, and not, merely, the absence of disease, dysfunction or infirmity. Given this, it can be inferred that the socio-cultural institutions and practices of a society, and how it ascribes norms and values to sexuality, play a significant role in the sexual well-being of individuals.

Hinchliff and Gott (2008, p.66) highlight the importance of socio-cultural meanings in respect of age and sexuality by highlighting that the lack of research about the sexual activity of middle-aged and older people in the UK,

---

2 [http://www.who.int/topics/sexual\\_health/en/](http://www.who.int/topics/sexual_health/en/) access: 22.10.2014

and in Western societies more generally, suggests a significant stereotype, whereby sexual activity is considered less important to them when compared to young people - or even that they are asexual. A good example of this is *The National Survey of Sexual Attitudes and Lifestyles*, which was conducted in 1990-1991 in the UK. In this survey, elderly and later middle-aged people (anyone of more than 59 years of age) were not included (Gott, 2005, p.1). Moreover, in the follow-up study carried out in 1998, the oldest participants among 12,000 interviewees were 44-years-old (Gott, 2005, p. 1). So, as Deacon, Minichiello and Plummer (1995, p.497) assert, even in modern Western culture, elderly people are excluded from consideration in sexuality research studies; studies which could, ultimately, be of benefit to them.

This neglect of older people in research on sexuality also has a distinctly gendered dimension. Sexuality and sexual desires are considered as an endowment for young *men* to enjoy, so elderly women are simply excluded from consideration. Gott and Hinchliff (2003) also propose that the idea of different female and male sexual natures can determine women's and men's respective roles within marriage. As a result, sexuality and gender cannot be separated when looking to understand the ageing body in socio-cultural context.

In seeking to explore sexuality, ageing, gender and the body in specific relation to Iranian Muslim menopausal women, my research connects these issues to the *matter of menopause*, as a gendered, embodied and lived phenomenon by which we can view individuals' engagements with cultural meanings concerning sexuality and the ageing body. Significantly, it identifies that the issue of sexuality in menopausal women is a 'taboo'

subject which, consequently, accounts for the gap in the available research of this area, whether in Western societies or in Iran. Indeed, my literature review confirms that although 10% of the world's population is made up of menopausal women (Ringa, 2000, p. 695), whose quality of life is affected by the consequences of menopause, there is a dearth of research on the *sexuality* of middle-aged and older women undergoing menopause from a socio-cultural perspective. By 2030, the world population of menopausal and post-menopausal women will have increased to 1.2 billion, with 47 million new entrants each year (Ringa, 2000, p. 695; Hill, 1996). While some studies on the menopause exist, most have focused on menopausal symptoms, such as hot flashes, anxiety and depression, and the employment of a quantitative approach is prevalent; a sociological approach that focuses on the *sexuality* of menopausal women is absent.

Similarly, while there are many books and articles written about older people, these tend to focus on medical problems; while issues of sexuality are, surprisingly, excluded from most of them (see Chapter 2). In this respect, it seems clear that socio-cultural structures in no small measure 'determine' the expiry date of women's sexuality. My review of the literature has also uncovered that even the majority of feminist research is youth-centred in this regard, ignoring the issue of sexuality generally for middle-aged and older women, and specifically for menopausal women – thus discounting the experiences of a significant number of women.

Importantly, menopause as a socio-cultural phenomenon has significant features, which means conducting sexuality research for this age group is critical. Firstly, the aim of sexuality in menopausal women can be considered

to be purely recreational, as it can never be reproductive. Taking this into account, the fact that the Abrahamic religions maintain that the aim of sexuality is reproduction suggests a cultural tension that may affect the (sexual) lives of menopausal women, by casting expressions of their sexuality post-menopause as taboo. Martin (1987) also emphasises the importance that is placed culturally on reproduction as a part of women's femininity, and links the existence of ambivalent or negative feelings towards menopause, as constituting an eternal sterility, to meanings which are understood from cultural structures.

Secondly, women understand menopause as a turning point in their sexual life: a turning point from being fertile to sterile, from being young to old, and from 'being feminine' to 'losing' femininity, which shows that menopausal women's integration of femininity into their sexual lives is, for them, under pressure (Crawford and Hooper, 1973; Smirnova, 2012; Ussher, Perz & Parton, 2015). Hence, this again demonstrates a strong foundation for conducting sexuality research through a socio-cultural lens.

Thirdly, women experience menopausal symptoms differently from one culture to another. A research survey was conducted by Lock (1994) to compare the menopausal symptoms of Japanese, American and Canadian women. She found that the Japanese report their menopausal symptoms differently to how their North American counterparts do (see Chapter 2). Such studies further illustrate the necessity of conducting research in this area from a sociological perspective – and this brings us neatly and specifically to the Iranian context.

Compared to many other societies, Iran still has a relatively young population (23.65% 0-14 years old<sup>3</sup>; 31.5% between 15-29 years old; 39.5 % between 30-64 years old and 5.4% 65 years old and over). The United Nations statistics<sup>4</sup>, however, estimate rapid growth in the country's elderly population, in which the proportion of older people will double in less than 20 years. While the proportion of people in the 60 years and above group was 5.4% in 1975, it will increase to 10.5% in 2025 and 21.7% in 2050 (United Nations, 2013). Figure 2 below provides an overview of the ageing demography in Iran (UNDP, 2013). The quality of life of this population cohort thus needs more consideration.

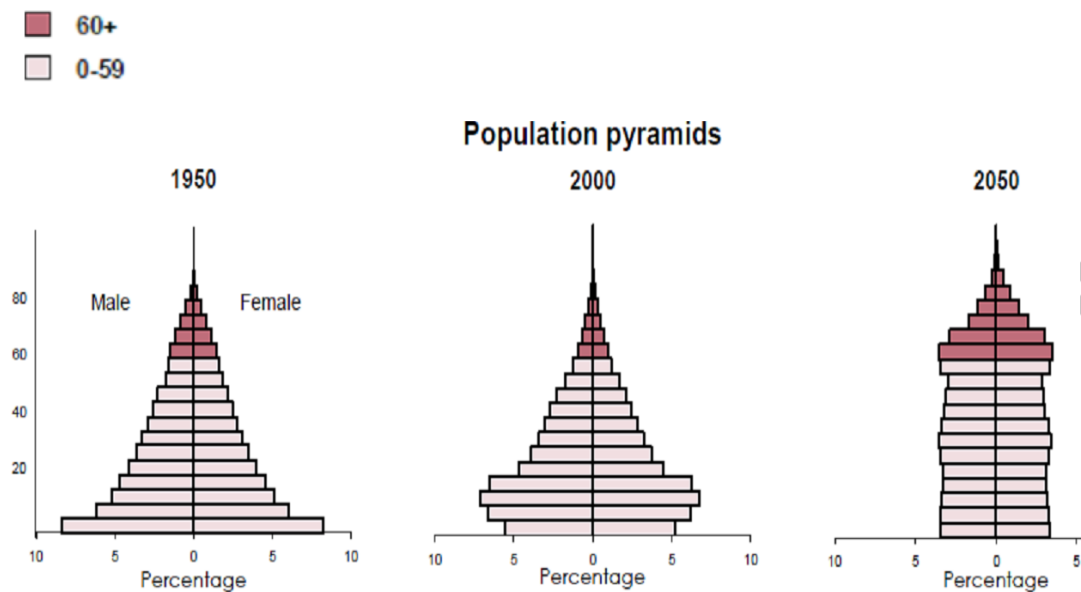
Additionally, comparing the median menopausal age in Iran – reported as 49.9 in urban, 49.2 in rural areas and 49.6 years in the total population (Mohammad, Sadat Hashemi & Farahani, 2004) - with current figures for women's life expectancy (which is 74.6 years based on the Human Development Report (UNDP, 2013)<sup>5</sup>) demonstrates that most women can expect more than twenty years of post-menopausal life, which highlights the importance of their sexual well-being during this time. Therefore, although menopause is perceived as a symbol of 'old age' (Crawford and Hooper, 1973; Utz, 2011), women who become menopausal are typically younger than 50 in Iran, so they are actually middle, rather than old-aged. This again highlights the importance of researching menopause from a socio-cultural perspective.

---

<sup>3</sup> [http://www.indexmundi.com/iran/demographics\\_profile.html](http://www.indexmundi.com/iran/demographics_profile.html)

<sup>4</sup> [http://www.un.org/esa/population/publications/worldageing19502050/pdf/113iran\(.pdf](http://www.un.org/esa/population/publications/worldageing19502050/pdf/113iran(.pdf)

<sup>5</sup> <http://www.ir.undp.org/content/iran/en/home/countryinfo.html>



**Figure 2: Population pyramids for Iran 1950-2050**

In this context, it is particularly important to emphasise a research finding from my review of the literature - that there is no research from a socio-cultural perspective about the sexuality of *Iranian Muslim* menopausal women (or even generally about Iranian menopausal women). This is a significant gap in current knowledge and specifically, relating to understandings of sexuality of Iranian Muslim menopausal women. As a result, I highlight my empirical contribution to studies of gender, sexuality, ageing and the body. This research endeavours to provide an opportunity for breaking new ground regarding an area of research that has been ignored, academically and in everyday life, in respect of both Western societies and Iran.



### 1.2.2 Locating My Personal Interest in the Research Topic

My own interest in the sexuality of menopausal women stems from a combination of biographical factors, beginning with my background as a midwife. I graduated from Tehran University of Medical Sciences in Iran as a Midwife in 1996, and practised midwifery for more than seven years in different settings: a reproductive health research centre to which 'infertile women' had been referred, a public clinic, and also in the labour ward of a private hospital in Tehran, named Kasra. My professional work role saw me spending time with many different women, from different age groups and socio-economic backgrounds, frequently hearing about the most hidden and private parts of their lives. Large numbers of these women had been defined by others as sexually 'cold' or 'dysfunctional'. If they were under 35-years-old, they would typically try to find a 'cure', encouraged by their husbands, who not only felt dissatisfied with their sexual relationship but also thought there was no need to accompany their wife when she went to ask for a professional help – a state of affairs that was just accepted as normal. "*It's the problem of women who can't satisfy their husbands*", was the statement that I heard lots of the time from medical staff and also from the women who came to clinics in order to be attended to and have 'their problem fixed'.

At the same time, most of the women who were more than 35 years old thought this 'dysfunction' or 'disease' was inevitable and a biological consequence of the ageing process; yet they felt guilty that they could not be a 'good wife' and 'satisfy their husbands'. They also carried within themselves a fear of losing their husbands due to 'falling short in the fulfilment of their duties'. My feelings as their midwife were both of concern

and of frustration, which led me to continue my studies, but in a critical social scientific direction, at Alzahra University in Tehran. This decision resulted in considerable questions for the examiners in my entrance interview for studying a Master of Science degree in Women's Studies. *"What is the relation between Sociology, and particularly Women's Studies, and midwifery?"* they enquired; and *"Do you think you are capable of understanding social theories with your midwifery background?"* These were the simplest questions that I had to answer. In one of my interviews for the University of Science and Culture, in which all of the interviewers were men, a famous lecturer in Iran, upon seeing my CV, started laughing at me and asked *"OK, what is your next step? First mathematics in your high school degree, then midwifery, now Sociology and Women's Studies; do you want to get your PhD in painting or music?"* My answer to these questions always began with my reminding them of the definition of health offered by the World Health Organisation: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 1948)<sup>6</sup>. Then I continued that my midwifery experiences lead me to study this particular area due the fact that, as a female health staff member, I was the one who women trusted to narrate their sexual life stories. (Yet, I did not tell them that the gendered socio-cultural structures of the society meant my dad forced me to study midwifery instead of continuing with the mathematics which I loved, as he thought engineering unsuitable for a 'girl'.)

Finally I was accepted into Alzahra University, a high-ranking educational centre exclusively for women (and where most of its academic staff are

---

<sup>6</sup> [http://www.who.int/governance/eb/who\\_constitution\\_en.pdf](http://www.who.int/governance/eb/who_constitution_en.pdf)

women too). I can clearly remember starting the course. We were seven students of different socio-economic status, with different experiences, but with one aim: 'Let the women's voices be heard'. However, during the two years of my studies, I found that even in this small young group of educated women, sexuality as a topic had been neglected, although I felt they were desperate to bring it up. When they found out I was a trained midwife, they came to me and, gradually, they narrated their sexual life stories - stories in which their sexual experiences were amalgamated with their gender roles. One of them was forced by her parents to marry her cousin in order to be allowed to continue her studies, and it was her who suggested I should work on the sexuality and sexual experiences of Iranian women due to my background. These experiences inspired me and I became intensely interested in doing research in this area and through a lens in which the role of 'socio-cultural context' (intersection of the social and cultural events of Iran as a Shiite Islamic country) was duly considered, or indeed emphasised.

Therefore, the lack of literature in this area and my own personal history together have driven me to explore the gendered narratives of Iranian religious menopausal women about their sexuality, in order to add to understanding in and of this area.

### **1.3 Political/Historical Context**

Women who participated in this research had experienced two important political/historical events that had a remarkable impact on their sexuality: the Islamic revolution (1979) and the Iran-Iraq war (1980-1988)<sup>7</sup>. In 1963, during

---

<sup>7</sup> The significance of these events will be further discussed later in the thesis

the Mohammad Reza Shah Pahlavi<sup>8</sup> era, the family protection law raised the legal age for marriage to 18 for women and 20 for men (Afary, 2009, p.217); but following the Islamic revolution this was subsequently lowered to 13 and 15 respectively. This event is an important point for these women, as most of them married after this legal reduction in age had come into place, and also indicates the potential influence of state power on their personal decisions and agency. The war between Iran and Iraq also had a great impact on the lived experiences of the participants (Afary, 2009). At that time, Iranians believed the war was for Allah and titled it 'holy defence' which shows its religious symbolic meanings for Iranians. Thus, the men who were fighters shifted from being ordinary men to being Allah's fighters, which gave them power and dominance. Additionally, the war saw the structure of hegemonic masculinity develop in a particularly accentuated direction, further defining femininity and masculinity as absolutely separate and so enabling segregation between feminine and masculine roles. I will explain the influence of war later in the "Getting to know the husband" (6.2.3) and "Requirements for being identifies as a proper wife" (6.4) sections and develop this in "Gender Roles and Education" (6.6).

## **1.4 A note on Terminology**

### *1.41 Menopause*

The World Health Organisation (WHO) defines menopause as the permanent cessation of the menstrual cycle, due to the loss of ovarian follicular activity. If this cessation continues for a full year, the woman is considered to be post-menopausal (Sievert, 2006, p. 8; Hall, 2004; Winterich,

---

8 <https://www.britannica.com/biography/Mohammad-Reza-Shah-Pahlavi>

2003, p. 627). Menopause is also referred to in some official medical sources as 'climacteric', which means a crucial, critical or dangerous period of time; this choice of language demonstrates the cultural perspective towards it (Sievert, 2006, p.5-8). However, there is a debate about the reasons for the start of menopause and the reasons for what is called *follicular atresia*. From the biological standpoint, follicular atresia starts from foetal life when the embryo is 20 weeks old. Although some researchers have argued that the reduction in the number of ovarian follicles is the trigger for menopause, others take a different view and believe that primary hypothalamic failure is the reason for menopause commencing (Sievert, 2006, p. 10-11; Blell, 2009, p.4). The level of oestrogen starts to decrease 6 months before menopause, and consequently hormone (follicle-stimulating hormone and lutenizing hormone) levels rise (Blell, 2009, p. 4).

In this research, however, I have used the term of 'menopause' for three different groups of the women. The first group (post-menopausal women) is comprised of women whose menstruation cycle had ceased for more than one year, i.e., permanently, according to common definitions. The second group consists of women who are all more than 45-years-old and have experienced changes in and the termination of their menstrual cycle but this had not – at the time of being interviewed - yet lasted for one year (during this time, the level of oestrogen rises and falls unevenly, and so their menstrual cycles may lengthen or shorten before terminating completely. Women may also experience associated symptoms, such as hot flashes, sleep problems and vaginal dryness). The third group is made up of women who are, again, more than 45-years-old but who had specifically experienced

menopause due to undergoing hysterectomy surgery as the result of *menorrhagia* (one of their menopausal symptoms and abnormally heavy bleeding at menstruation).

#### 1.4.2 Religious

‘Religious’ is defined as relating to or believing in a particular religion. The majority population of Iranian people (99.3%) is Muslim<sup>9</sup> and 90-95 % of them are Shiite (Nasr, 2007). Shiite Islam therefore provides a basis for notions of sexuality in Iran (as per my earlier discussion about the post-procreational – and thus arguably taboo - nature of sexual activity for menopausal women), and also for gender roles and relations. Shaditalab (2006, p. 16) points out that:

*“According to the most prominent religious scholars on gender issues in Islam, women are as human as men, and their rights and duties are complementary. Women and men are equal in spiritual achievements. Innate gender differences are expressed within the family structure and cannot be changed. Based on these differences, two ideas are involved in the processes of Islamization: women’s security and male guardianship. Women should wear hijab and accept gender segregation for their own security and comfort, religious scholars say, and this should apply in all public spaces, social as well as economic.”*

Thus, in this research, a religious woman is a woman who believes in Shia Islam. Since ‘being religious’ is a significant element of this thesis, due to this being representative of the experience of the majority of Iranian women, it was important for me to recruit women who practice Shia Islam. (See Chapter 4 for details of the sampling process.)

---

<sup>9</sup> <http://data.un.org/Data.aspx?d=POP&f=tableCode%3A28>

### **1.5 Summary and Structure of the Thesis**

In this thesis, I discuss the sexual lives of 30 Muslim menopausal women in Iran, from a biographical life history perspective, and track the ways in which women attempt to preserve practices of critical agency in milieux structured by gendered power. My research adds to the very small body of existing literature that explores the sexuality of menopausal women from their points of view. Following this introductory chapter, the thesis is structured and organised as follows:

Chapter 2 provides an overview of both the theoretical and empirical work in this field by reviewing the relevant literature. While there is a complete absence of sociological research on sexuality and the menopause focussed on Iranian Muslim menopausal women, this chapter has endeavoured to describe and contextualise the most significant research on the menopause more generally and how it can be applied to this study. In the first section, I review the theories and concepts that have been influential in the literature on gender, sexuality, embodiment, medicalisation and menopause in order to provide a rationale for my theoretical framework and then present my theoretical contribution of this research. The second section outlines previous research on sexuality, gender and menopause in order to highlight the gaps in current knowledge and provide the rationale for conducting this research and emphasis on empirical contribution of this research. In the third section, since there is no research about the sexuality of Iranian Muslim menopausal women, I have presented a brief overview around gender and sexuality concepts in Iran.

Following engagement with the existing literature addressing menopause and women's sexuality, Chapter 3, 'Theoretical Framework', highlights the matter of women's agency, explaining the theoretical framework that I have used in my research to capture and analyse the ways in which women may negotiate and experience gendered power relations in respect of their sexual biographies. This framework is composed of three key concepts - a life course approach (Miller, 2000; Hockey & James, 2002; Hutchison, 2010; Frank, 1995), Connell's (1987) 'gender order', and Crossley's (2005, 2007) 'reflexive body techniques' which together provide a theoretical lens for understanding what is an under-researched substantive area. In the first section of this chapter, I conceptualise the life course perspective in order to provide an appropriate lens through which to scrutinise the menopause as a transition in Iranian Muslim menopausal women's life stories and to facilitate the exploration of their trajectories of sexuality and ageing. The second section justifies the appropriateness of cultural relational dynamic analysis of Connell's gender order for this thesis. By employing Connell's theory, I have endeavoured to shift the Western cultural conception of Muslim women away from passivity, and towards subjectivity and agency. The third section explains the role of the body from Crossley's perspective to elaborate the embodied experience of gender and ageing in women's sexual experiences - and the ways that Iranian Muslim menopausal women practise their agency through negotiating and mediating gendered power by using reflexive body techniques.

Chapter 4, 'Methodology', discusses the methods and practices used to produce the empirical data that are central to this thesis. Alongside providing



the reader with methodological and contextual detail for fully appreciating the study, and also reflecting on my positionality as an Iranian woman in respect of the research process, I clarify why biographical interviews constitute both an appropriate approach for seeking answers to my research questions and a concern with menopausal women's biographical sexuality and agency. In this connection, I also emphasise and explain the compatibility of the methodology with the theoretical framework outlined in Chapter 3.

Chapter 5, entitled 'Childhood', is the first of three chapters which present and discuss the findings of my research. This chapter, by considering relevant narratives and themes that have emerged from my biographical interviews, places focus on, and allows an understanding of, participants' early life experiences of gendered and sexuality practices. Specifically, this period in the women's sexual biographies is explored in relation to issues of gendered embodiment, agency, and negotiations of power – that is, through the lens of my theoretical framework and the concepts of life course, gender order and reflexive body techniques. In this context, the main themes of this chapter are: i) gender discovery; ii) puberty; iii) family management of the first signs of sexuality; iv) 'virginity-proof' systems; and v) requirements for being identified as a '(good) girl'. This chapter explicitly describes the ways that the women's bodies, as children and while growing up, responded purposively to the gender order in accordance with the meanings they perceived in this order concerning their developing sexuality.

Chapter 6, 'Womanhood', then focuses on the interviewees' subsequent sexual experiences as adults. In this chapter, I explore notions of 'womanhood' according to six themes which have emerged from within the

participants' narratives. These are: i) marriage; ii) first sexual experiences and sexual conversations; iii) requirements for being identified as a 'proper wife'; iv) domestic labour; v) gender roles and education; and vi) notions of sex as either a joy or a duty. These themes of 'womanhood' demonstrate the lived sexual experiences of women in relation to the gender order and reflexive embodiment; allowing us to appreciate the ways in which women display agency through their sexual practices and desires. In this vein, and in accordance with Connell's emphasis on Southern theory, this chapter in particular presents a challenge to Western feminist perspectives that regard Iranian women as passive and inactive. Indeed, I argue that women's agency precisely resides in the fact that participants negotiated and mediated gender power through their bodies, as well as in the specific ways that they interpreted dominant cultural symbolism as they constructed their sexual biographies.

Chapter 7, 'Menopausal Time', explores women's understandings about the menopause specifically and of sexuality during their menopausal time. Here I identify five themes, visible in the women's stories relating to this stage in their lives. These are: i) disclosure of diagnosis, onset, and timing of menopause; ii) understanding of menopause; iii) body image and cosmetic surgery; iv) sexual experiences; and v) lost narratives and menopausal identity. In this chapter, I argue that medical knowledge, by defining the menopause as hormonal failure and connecting it to a certain chronological age, medicalises women's experiences of menopause. At the same time, it acknowledges that such medicalisation can, in some cases, also be a resource for experiencing the menopause with agency (some of the women

interviewed consider their menopausal symptoms as signifying a loss of control over their bodies, so purposefully they responded positively to the medical discourse in order to regain control over their bodies). By explaining three strategies by which participants responded to the imposition of power (suppressing their sexual desires; employing menopause as an excuse for not participating in sexual activity; and faking sexual satisfaction), I point out the interaction of power, cathexis, cultural symbolism, and women's agency that shapes the sexual lived experiences of menopausal women.

Chapter 8 draws the thesis to a close by reiterating the research questions, providing a synthesis of the key findings and identifying the contribution to knowledge generated within the thesis. I summarise the significance of this project to the wider body of literature, from both a theoretical and methodological perspective, in order to discuss the potential contributions of this research to the social sciences, to gender and sexuality studies and to social gerontology. I also discuss its limitations, unresolved questions, and the possibilities for future research.

## **2. Literature Review**

## **2.1 Introduction**

Given that this thesis is a theoretically informed, empirical study of the sexual biographies of Iranian Muslim menopausal women, it is important to critically engage with existing research on women's sexuality and the menopause. This chapter, therefore, begins by summarising and reviewing the theories and concepts that have been influential within the fields of gender, sexuality, embodiment, and menopause research to date, before explicitly relating these ideas to the theoretical approach taken by my own research to present my theoretical contribution in this research. Then, I highlight some of the problems and knowledge gaps of the existing empirical research including those studies involving Iranian women.

To understand the gendered and embodied events and experiences that have been significant in shaping the sexual biographies of menopausal women, it is important to use the theoretical concepts that can capture and explore these at the level of everyday life. This is discussed primarily in terms of absent or underdeveloped conceptions of the socio-cultural and the insufficiency of such research to capture and explore Iranian Muslim women's lived experiences and agency in relation to sexuality and the menopause. In so doing, I seek to bring to the reader the empirical and theoretical contribution that this research can offer.

## **2.2 Exploring Theoretical Positions on Gender, Sexuality, the Body and Menopause**

The first part of this chapter provides a critical overview of the theoretical literature relevant to a study seeking to understand the sexual lived experiences of Iranian Muslim menopausal women. Here, there are many

different strands on which I draw. While the work that has thus far been undertaken on the menopause is an obvious and important focus, engagement with theories of sexuality, gender and the body is also central to my project. Gambaudo (2015) highlights that narratives of menopause are one of the important resources for studying women's gender issues.

The ultimate aim of the discussion in this section is to highlight the need for sexuality and menopause to be viewed as socially located bodily practices, in order to establish in the next chapter (Chapter 3) a theoretical framework for a more fully socio-cultural understanding of women's embodied experiences of these phenomena.

Work that explores the body as it relates to sexuality and the menopause from a sociological perspective can be divided into two broad categories: i) approaches that, in different ways, contribute to sociologically relevant perspective on menopause and sexuality, through a focus on gender, discourse and meaning – namely, feminist post-structuralism, social constructionism, and social interactionism; and ii) practice theory – another sociological approach that focuses on the body at the level of everyday life.

### *2.2.1 Post-structural, Social Constructionist and Interactionist Approaches*

Post-structural feminism constitutes one of the main perspectives that is critical of biomedical approaches to the menopause, and to sexuality, gender and the body more generally. Here, emphasis is placed on understanding the way power creates identities and practices in order to challenge the hierarchical, social organisation of gender (Arslanian-Engoren, 2002). A post-structural perspective can indeed be recognised by three important

principles, which are language, subjectivity and power (Dickson, 1990, p. 22-23). Importantly, from post-structural and social constructionist perspectives, the body, sexuality, gender and menopause are considered as socially constructed and historically situated concepts (McCormack, 2012, p.6). For example, dominant understandings of sexuality as inherently biological are questioned, with the discursive construction of sexuality being privileged over biological essentialism (Weeks, 1985, 1986). Here, an individual's sexuality is thus constructed differently depending on socio-cultural context, and it cannot be adequately analysed without recognising the power that has created it (Bellamy, Gott, Hinchliff, & Nicolson, 2011). With regard to gender and the body, meanwhile, Hird and Germon (2001, p. 172) take a post-structural approach to explain that the body is gendered within discourse. Importantly, the gendered body also becomes 'naturalised', gender being assumed, within dominant discourses, to constitute a person's essence.

These are ideas that are perhaps most notably articulated by Foucault in his (1990) book '*The History of Sexuality, the Will to Knowledge*.' He explains that conceptions of sexuality are embedded in moral, religious, political, and even medical contexts in history. The group that has authority at a particular point in time determines the norms of sexuality. Jackson and Scott (2001), however, have criticised Foucault for maintaining a residual essentialism of the body in his work. They contend that Foucault regards bodies and pleasure as sites of resistance to power as if they exist outside of social structures (even while he explicitly emphasises that bodies are constructed through discursive practices). Thus, the paradox of Foucault's approach (and one which is arguably carried forward in the work of some post-structuralists

and social constructionists writing on these issues) is that, on the one hand, any basis in nature or physiology for bodies is denied while, on the other hand, he views them “*as if they lie outside the social*” (Jackson and Scott, 2001, p. 19).

Butler (1990), a feminist post-structuralist inspired by Foucault, debates the relationship between biological sex, gender and desire, and places emphasis on the performativity of identity and gender. She declares that sexuality is a social reality which is continually constructed and deconstructed, in the manner of symbolic social signs, through the regulation of dominant power. Butler (1990, 1991) reconceptualises sexual identity as a shifting and unstable concept which can be formed by dominant discourses rather than by individuals, and asserts that gender should be considered as context-specific. So, sexuality and gender are not fixed, but can vary across time and place, and according to different situations; what these constructions share in common is that they are regulated by normative power and importantly sex and gender are developed through an iterative process.

Jackson and Scott (2001, p. 16-17) are critical of the treatment of the body in this approach. Specifically, they argue that Butler neglects the social construction of gendered bodies at two levels: that of social structural power relations and that of everyday social interactions and practices. Consequently, in Butler’s theory there is no explanation of how norms are created or why they produce male dominance. Moreover, her discussion of gendered embodiment only focuses on the coercive force of the social processes that take effect through gendered performance. She disregards the notion of a reflexive, social, embodied self in interaction with others.



Accordingly, in Butler's theory, the lived experiences of bodies, their everyday lives and their sexual practices, go unheeded (Jackson and Scott, 2001).

Moreover, the body is a problem, Jackson and Scott (2001, p.21) contend, not only for Butler but for post-structuralism - and constructionism – more broadly. They argue that such analyses see mind and body separated, which sets up a dualism of mind/body, as well as of nature/culture and reason/emotion. Thus, bodies become viewed as 'mindless' and are emptied of meanings (Jackson and Scott, 2001, p.21). Therefore, while post-structuralism, constructionism and the queer theory of writers such as Butler highlight the significant role of cultural milieu in understandings of gender and sexuality, they do not have any explanation for the creation of identities in the cultural practices of everyday life in which embodied agents mediate and negotiate power.

Another approach to gender, sexuality, the body and menopause that offers some solutions to the above problems identified by Jackson and Scott (2001, 2015) is interactionism. Interactionists believe in a real subject that is shaped through the interplay between the individual's experiences and their cultural milieu. "Intersubjectivity" is an important concept in this paradigm: that is, a shared knowledge which exists between two persons in social interaction with each other, regarding one another's conscious mental states (Denzin, 1992, p. 20). This perspective, similarly to post-structuralism, considers sexuality as fluid and flexible, and it highlights the important role of socio-cultural structure and different discourses in this regard. Yet, the interactionist perspective emphasises the *meaning-making* which is

produced by agents in their everyday lived experiences (Gagnon, 2004). Interactionism argues that social actions, such as those connected with sexuality, are constructed via the interrelation of individual agency and different discourses and institutions. However, this does not mean that there is no constraint upon individuals; an individual's agency occurs within the possibilities and limitations of structure and discourse. Therefore, contrary to constructionism and post-structuralism, interactionists believe that although the social practices of individuals are constructed by the influence of various discourses and institutions (such as family, religion, school and medicine), individuals are not passive actors in respect of these cultural constructions. Indeed, individuals, by accepting some parts of these constructions and rejecting other parts, creatively shape their everyday life, experiences and identities (Stein & Plummer, 1994, p. 184-185).

Another significant difference between interactionism and constructionism/post-structuralism lies in the role of language. From an interactionist point of view, the importance of language and discourse is displayed through their negotiation and mediation by individuals. Language, from this perspective, is regarded as the window into the inner life of agents (Denzin, 1992, p. 2). Individuals understand meaning through the language of the socio-cultural structure of their society, which has been constructed by the dominant power (Jackson & Scott, 2007). In contrast, in constructionist and post-structuralist approaches focus is upon the institutional effects of language.

Simon and Gagnon (1974, 2004) have attempted to clarify the process of meaning-making in sexual activity, doing so through 'script' theory. They have thus elaborated that sexuality and its meanings are learned through the

culture by active learners (Frith & Kitzinger, 2001, p. 209). They indicate that sexual conduct is a socio-cultural practice and not a biological phenomenon (Jackson & Scott, 2015). They apply the notion of 'script' to the process in which regulation and normalisation of sexual acts takes place. The fundamental point in script theory is that sexuality is shaped through meanings which are defined by history and culture and interpreted by individuals. In other words, a sexual act is defined by the meaning which has been ascribed to it, so people's accounts about 'what is sexual' can differ from one cultural context to another. Therefore, there is nothing inherently natural in sexual acts and desires (Simon & Gagnon, 2003). Accordingly, a 'non-sexual organ' can be understood by its sexual meanings in a specific cultural context. For example, later, in the childhood chapter (Chapter 5), I will discuss how, in Iranian Muslim culture, the 'non-sexual organ' of hair can be conceived – particularly in terms of its length (short or long) - as a factor in distinguishing the difference between women and men by participants in my research. Moreover, in this framework, sexual activity is not only a social act in its performance but also it is profoundly a social practice in its consequences.

### *2.2.2 Practice Theory and Embodiment*

If social interactionism, and particularly the script theory of Simon and Gagnon, places focus on the reflexive processes and meaning-making underpinning and informing instances of social practice, it addresses less the 'doing' of practice itself, and its fundamental results. However, from a practice theory approach, practice is the central element of social life (Schatzki, 2002).

Jackson and Scott (2015) argue that as sexual activity can be considered a performance that is constructed from a collection of social practices, they are integrative practices. Giddens (1979, 1984) and Bourdieu (1990, 1992) each develop practice theory in particular directions in sociology. Unpacking the concepts of agency, structure and – significantly - structuration, Giddens aims to conquer the traditional dualism in social theory of structure/agency by emphasising practice:

*“The basic domain of study of the social sciences, according to the theory of structuration, is neither the experience of the individual actor, nor the existence of any form of societal totality, but social practices ordered across space and time. Human social activities, like some self-reproducing items in nature, are recursive. That is to say, they are not brought into being by social actors but continually recreated by them via the very means whereby they express themselves as actors. In and through their activities agents reproduce the conditions that make these activities possible.”* (Giddens, 1984, p.2)

Giddens’ structuration theory can, however, be criticised for three reasons. Firstly, he has a single explanation for all practices and does not specifically consider gender or class in his theory (Crossley, 2005, p.2-4). Secondly, psychoanalysts have argued that Giddens’ (1984, p.3-5) insistence on high levels of practical consciousness ignores the internal hierarchy of practices that connects to the depth of the life history of individual actors (Elliott, 2015). Similarly, Shilling and Mellor (1996) claim that since there is no place for the emotional dimension of bodies in structuration theory; in other words, Giddens neglects the embodied disposition that lies beneath the reach of thought and reflexive control (Shilling and Mellor, 1996, pp. 6-7) which he addressed to some extent in his later work. Bourdieu (1990, 1992) has also questioned the “hyper intellectualization” of practices in structuration theory, which narrows the understanding of individual agency (Reckwitz, 2002,

p.258). Thirdly, in Giddens' theory of structuration, the project of the body has become central to the project of the self (Shilling and Mellor, 1996, p.7) - thus, there is a dualism of body and self.

Bourdieu's (1990) theory of habitus, meanwhile, clarifies the interrelation between body and society. Habitus is created by the engagement of an agent or actor with structure through practice. Moreover, by describing 'capitals', he differentiates society on a vertical basis (Crossley, 2001). He explains that 'field' refers to the social structures in which the reflexive transformation of identity occurs (McNay, 1999). Field and habitus are in a mutual relationship. Engaging in a field shapes the habitus, which in turn creates the understanding and actions that reproduce the field (Crossley, 2001, p.101).

McNay (1999, p. 95-96) criticises Bourdieu for not integrating gender into the concept of the field and, consequently, his ignoring gendered habitus within his theory. Additionally, Crossley (2001, 116-117) argues that Bourdieu, by underestimating the rational and conscious element of practice, ignores the generative role of agency which individuals practice in their everyday lives by making creative choices.

### **2.3 Approach of My Research**

In this part of the chapter, I reiterate the strengths and weaknesses of the theories discussed above explicitly in relation to my research – and my development of a perspective that seeks to analyse, as rich and invaluable data, the sexual biographies of Iranian Muslim menopausal women.

Congruent with the biocultural perspective, my study is based on the understanding that menopause and sexuality are concepts that are both biological and cultural. However, the approach of biculturalism does not provide an appropriate theoretical framework for this research, since it cannot adequately explain the *social* elements of sexuality and menopause, nor capture their gendered dimensions.

Meanwhile, although post-structuralism (i.e. Butler) and social constructionism (i.e. Foucault) place emphasis on gender issues to understand the ways power creates identities and practices through different discourses, and this is an important part of this research, their ontological and epistemological stance is problematic. As my study regards menopause, gender and sexuality as socio-culturally constructed phenomena and embodied and lived realities, neither a post-structural nor social constructionist perspective can be considered suitable because the materiality of the body is under-theorized. These perspectives not only neglect the social construction of gendered bodies *through everyday social interaction*, but also deny or downplay *the reflexive, social, embodied self* that exists in interaction with others.

Meanwhile, social interactionism - by highlighting the simultaneously fluid and flexible nature of self, a self which is in process, and by underlining the meaning-making which is produced in the interaction of agents in their everyday lived experiences with socio-cultural structures and different discourses - is useful for my research, specifically with regard to utilising thoroughly sociological concepts of sexuality and gender. However, interactionism focuses more on the reflexive process and meaning-making of

a social practice, and addresses less the 'doing' of practice itself - something which is a pivotal part of this research. I assert that in the terms of my study, sexuality is an *embodied practice* with a trajectory or a path of development that is dependent on time, space and social context (Warde, 2005, p. 139). Thus, the expected theoretical framework of this research requires linking not only early sexual life and gendered experiences to later sexual life (and gendered experiences and outcomes after menopause), but also linking the micro and macro levels of society in order to disentangle the dilemma of structure and agency.

While the work of Giddens and Bourdieu both offer, in different ways, useful conceptualisations of the relationship between structure and agency, neither writer provides a wholly adequate framework for my study. The structuration theory of Giddens neglects gender (and class) and overplays the rationality of the individual. Similarly, Bourdieu arguably fails to integrate gender within his concept of the field; meanwhile, by ignoring the choice-making of actors in their everyday lives, he, in contrast to Giddens, underestimates rational and conscious elements of practice.

Jackson and Scott (2015) point out that by employing a combination of interactionism (namely, Gagnon and Simon's script theory) and practice theory, sexuality can be explored as both a social practice and an aspect of interaction. However, although script theory can elaborate the understanding of sexual bodies, it does not have any explanation for perceiving *gendered* bodies. In this research, I emphasise that gendered bodies are not separable from sexual bodies, and thus, there is a necessity for a theoretical framework which can cover both concepts of gender and of sexuality. Therefore,

considering the focus of my study, which relates to embodiment and menopause as well as gender and sexuality, none of the above approaches *separately* can define these concepts in a fashion sufficient for an analysis of women's sexual biographies.

In working with a theoretical framework that is focused on adequately conceptualising the sexual lived experiences of Iranian Muslim menopausal women, I thus aim to contribute to existing theories of gender, sexuality and embodiment. My approach offers another way of conceptualising the interrelations between these phenomena as I will explain comprehensively in the next two chapters (Chapter 3 and Chapter 4), I will do so by employing Connell's notion of the gender order, Crossley's concept of reflexive body techniques, and a life course perspective that emphasises the past and present contexts affecting and emerging from individual trajectories.

Furthermore, my life history approach (Chapter 4) has the capacity to create a space for understanding women's sexual life experiences that includes their sensual, emotional and performative elements (Riessman, 2002). Together, they are conducive to the further development of a thorough understanding of the sexual biographies of Iranian Muslim menopausal women. A biographical approach can not only help to fill a methodological and theoretical gap in the existing research, but also progresses the aim of understanding the lived experiences of Iranian Muslim menopausal women through telling their gendered and sexual stories.

The combination of focus upon sexuality, gender, embodiment and a life history approach is demonstrated by Connell (1987, 2009) in her conception



of the gender order based on both practice theory and an interactionist approach. Connell (1987, p. 61) points out that to explain gender in terms of everyday practices and interactions requires:

*“a social theory that gives some grip on the interweaving of personal life and social structure without collapsing towards voluntarism and pluralism on one side, or categoricalism and biological determinism on the other.”*

In addition, writing with Pearse (2015, p. 73-74), she highlights that although we make our gender identities, our gender practice is powerfully shaped by our society's gender order - which is a gendered structure of relation that defines the possibilities for actions and their consequences.

Moreover, by emphasising the relationship between bodies and society in the context of gender and sexuality, Connell clarifies that bodies are interconnected through everyday social practices. She (2009, p. 67) asserts that:

*“Bodies are both objects of social practice and agents in social practice. The same bodies, at the same time, are both. The practices in which bodies are involved form social structures and personal trajectories, which in turn provide the conditions of new practices in which bodies are addressed and involved. There is a loop, a circuit, linking bodily process and social structures. In fact, there is a tremendous number of such circuits. They occur in historical time, and change over time. They add up to the historical process in which society is embodied, and bodies are drawn into history.”*

The other concept that I will employ in this research is that of *reflexive body techniques*, devised by Crossley (2005, 2006), through a combination of practice theory, Marcel Mauss's idea of body technique, and an interactionist approach. As I will define in the next chapter explicitly (Chapter 3), he explains that individuals sense their bodies through a reflexive practice according to the meanings that they perceive in the social world and, at the

same time, they integrate them into their identity. Thus, based on the meanings that we understand from the socio-cultural structure, we modify and reshape our bodies and our identity at the same time. Crossley (2006, p.2) stresses that meaning does not come before practice; rather, meaning and practice are in a mutual interrelation in which each one continuously shapes the other. Therefore, as per Connell, bodies are subjects and agents in the reflexive project and they are not simply passive objects to be manipulated by society; they can also resist the meanings that others attempt to impose on them (Crossley, 2006, p 2-3).

The other, and perceptions of the other, is another important element in Crossley's work. Understanding the other, for Crossley (2007, p. 84) is not limited to the body but extends the meanings that are created through the processes of communication and interaction. Thus, via a reflexive discourse between meanings and bodies, our reflexive body techniques are shaped and, at the same time, they are integrated into our sense of self and identity. These reflexive body techniques have three key features (Crossley, 2007, p. 84-85). Firstly, the *social aspect* of body techniques is revealed by their emergence out of interactions and possessing both historical and cross-cultural variability. Secondly, however, the *biological aspect* of body techniques is as important as this social aspect, and it can indeed display the limitation of social and personal control of the body (Crossley, 2006). Thirdly, body techniques are not limited to physical movements; rather, their *conscious aspect* reveals the embodied knowledge and understanding that are involved.

Crossley (2006, p.4) points out that reflexive body technique is not a socially deterministic concept but instead reveals the agency of the self and body:

*“It does not mean that reflexive embodiment is a mechanism by which society controls and moulds the body. Though social interactions, relations and groups are a source of rules, norms and mechanisms of control, they equally constitute a context wherein we develop the capacity to make decisions and act upon them, including decisions which deviate from social norms and resist social pressures”.*

Therefore, it can be concluded that both Connell's gender order and Crossley's reflexive body techniques emphasise the mutual interaction between body, self and structures through the process of reflexive body and identity. In this part, I have looked to explore the synergies of these two theories in order to highlight their particular strengths for my own research. Employing these two concepts enables me to avoid essentialist, naturalised notions of bodies, while Connell's notion of the gender order adds more specific attention on a gendered, sexual self. Both concepts can explain the importance of power and socio-cultural structure in social life while still allowing for individual agency embedded in social practices and interactions.

## **2.4 A Review of the Empirical Literature**

The second part of the chapter provides an overview of a number of empirical studies relating to the menopause as an embodied phenomenon. In referencing the methodologies these different studies have used, and some associated limitations in respect of epistemological and theoretical assumptions about menopause, ageing, sexuality and gender that underpin them, I highlight the gaps in knowledge that currently exist around the sexual lived experiences of menopausal women – and thus the empirical contribution that my research aims to make in deploying a concept of sexual

biographies. The first part of the section, then, reviews studies offering understandings of the menopause specifically, and the factors that can affect an individual's experience of menopause; these studies take an approach that, to a greater or lesser extent, seeks explanations via individual biology.

The second part considers studies that highlight women's sexuality and its relationship to menopause (or, in some cases, to ageing more generally). While much of this research places greater emphasis on socio-cultural factors, it is still lacking a biographical, life history, interactionist approach that emphasises the lived experiences and embodied biographies of the women in the context of their social worlds. In this study, I suggest that the lived experiences of menopausal women both construct and are constructed by their social worlds (Nettleton & Watson, 1998). Thus, employing a biographical method focusing on individual narratives offers new insights into their lives and broader social and cultural structures.

Finally, the scant research that has been conducted in the Iranian context on sexuality, gender and menopause is discussed. Indeed, the relative lack of work undertaken in this particular socio-cultural setting further accentuates the value of this empirical research specifically addressing the experiences of Iranian Muslim menopausal women.

#### *2.4.1 Menopause*

Much of the research on menopause has sought to reveal the biological aspects of the body, or its relationship between cultural context and menopausal symptoms, through a biocultural approach. Epidemiological and psychological perspectives are among biological studies which endeavour to

relate different chronic diseases to menopause (an epidemiological approach) or explain menopausal symptoms by hormonal changes.

This first category is the research that emphasises the biological aspects of the body in understanding the menopause and can be underpinned by essentialist assumptions. These biomedical theories consider bodily events - such as menopause, puberty and sexual activity - as natural forces that “*exist prior to social life and shape the institutions*” (Rubin, 2011, p. 146).

From an essentialist biomedical perspective, the menopause can be regarded as a failure of the ovaries or a lack of hormones. Here, menopause is identified through decreasing levels of oestrogen – a process which can start up to six months before menopause - or increasing levels of FSH (follicle-stimulating hormone) and LH (luteinising hormone) (Sievert, 2006). Consequently, the menopause is considered an ‘illness’ caused by hormonal changes, and therefore, its signs and symptoms - such as hot flashes, thinning of vaginal lining, vaginal dryness, and a presumed decrease in sexual desire - need medical intervention to be ‘cured’.

Most of this research has occurred in medical and related disciplines rather than sociology, so such an approach is perhaps unsurprising. However, it is problematic because this imagining of menopause in purely negative terms has a firm grip in dominant understandings of the subject. Indeed, as referred to in Chapter 1, menopause is defined by the World Health Organisation (WHO) as the permanent cessation of the menstruation cycle, due to the loss of ovarian follicular activity (Sievert, 2006:5-8). In this definition, menopause is also referred to climacteric, which implies a crucial, critical or dangerous

period of time. This choice of language further demonstrates the medicalised perspective that is taken towards this life event (Sievert, 2006, p. 5-8). Problematically, WHO's definition considers menopause as a point and not a period in women's life.

Studies conducted from a biomedical perspective concentrate on generating and analyzing statistical data concerning the rate of symptoms or their relationship with other factors that may occur during menopause (such as anxiety and depression from psychological perspective) (Deeks & McCabe, 2004). Most of the research which has been conducted on the menopause has focused on its biological aspects and has been limited to symptom reporting (Melby, Lock and Kaufert, 2005, p.495).

For instance, Bonithon-kopp, Scarabin, Darne, Malmejac and Guize (1990) by undertaking an epidemiological approach to conduct a cross sectional study of 435 healthy white women aged 45-54 years and declared that menopause adversely affects the lipid and lipoprotein metabolism and thus increases the risk of coronary heart disease. Similarly, Toth, Tchernof, Sites and Poehlman (2000), by examining the body composition and abdominal fat distribution in 53 'middle-aged', premenopausal women and 28 early post-menopausal women, claimed that post-menopausal women had 36% more trunk fat, 49% greater intra-abdominal fat and 22% greater subcutaneous abdominal fat area than premenopausal women, and were at greater risk of cardiovascular and metabolic disease. Both these studies simply explain the relationship of menopause with cardiovascular disease or fat distribution by employing a positivist approach. They do not consider other important elements such as cultural or socioeconomic factors.

There are some biomedical studies that point out the impact of social elements on menopause (e.g. Kaufert, Boggs, Ettinger, Woods and Utian 1998). For example, Schoenake, Jackson, Rowlands and Mishra (2014) performed a systematic review and meta-analysis of 46 studies across 24 countries and identified that age at natural menopause is related to geographical region, socioeconomic position and life style factors. In a similar review of research across all continents, Kaufert (1996) asserts that social and cultural parameters, jobs, education, chronic disease, nutrition, and reproductive health are the most important factors affecting women's experience of menopause and menopausal symptoms. She concluded that although "*menopause is a physiological event which is universal*", understanding of it requires knowledge of social and cultural contexts (see also Obermeyer 2000). These studies highlight the importance of socio-cultural factors, but they could not explain the process of menopause due to their biomedical positivist approach that considers menopause as a "*physiological event*". Nonetheless, they clearly show the need for research outside the biomedical paradigm to provide a more holistic understanding of the menopause.

Some earlier research had indeed discussed cultural factors related to the menopause. For instance, interviewing women in the UK, Crawford and Hooper (1973) examined the socio-psychological aspects of ageing and menopause and their correlation with family "crisis events", by examining three social crises: the departure of children from the family home to get married; the arrival of the first grandchild; and retirement. Calling for more research to understand the complexity of the menopause as a social factor,

they highlighted the interplay of physiological and psychological influences but did not develop a full explanation of the processes of menopause and its influence on women's lived experiences. Similarly, Hvas (2006) undertook qualitative structured interviews with 24 Danish menopausal women to explore their positive and negative experiences of growing older: positive aspects included having more life experience, gaining freedom from looking after the children and having to use contraception, and achieving personal development. Contrary to the findings of Crawford and Hooper (1973), the women in Hvas' study felt that the menopause was a time for them to free themselves of 'feminine jobs'. Yet Hvas (2006) also highlighted participants' concerns about negative cultural images of 'old ladies' as sexually unattractive and consequently as less visible and less sought after as employees. The women also talked about the losses they accrued in growing older; loss of bodily function, loss of beauty and skin elasticity, loss of power, and loss of relatives. While Hvas emphasized the positive aspects of the menopause (all of which were psychological), her biological approach meant that she did not develop an argument about the influence of socio-cultural structures in shaping negative expectations and experiences, instead reducing them to matters of bodily changes.

Likewise, Lachowsky (2002) by recognising menopause as a biomedical 'problem' and ignoring its socio-cultural factors defined the menopause as a time that women lose their self-esteem due to the cessation of their periods (periods being a sign of being youthful, fertile and feminine). She concluded that women feel both hurt and shamed by their new image of themselves and argued that medication is the only solution for 'fixing' this problem.



This biomedical approach is criticised from a variety of perspectives, including the biocultural perspective which explores the relationship between culture and biology. Lock (1994), from a biocultural perspective, highlighted that the menopause may not even be universally recognised as a concept associated with the end of menstruation. Comparing menopausal symptoms between Japanese, American and Canadian women, she found that the menopausal symptoms reported by Japanese respondents were significantly different from their North American counterparts, both in terms of number and of type.

There are a number of comparative studies that examine differences in experience of the menopause in different cultures. Comparing women's experiences in Germany and Papua New Guinea, Kowalcek, Rotte, Banz and Diedrich (2005), found that in a society such as Germany, where *vitality*, *efficiency* and *energy* are ideal and are the symbol of being healthy, women experience a fear of getting old, which leads to them feeling less attractive and experiencing low self-confidence as a result of menopause. This was not felt in the same way in Papua New Guinea. Kagawa-Singer, Kawanishi, Greendale, Kim, Adler and Wongvipat (2002) conducted research amongst Japanese and European women living in the United States of America to explore their experiences of menopause. They used focus groups to interview 28 Japanese women (16 Japanese speakers and 12 English speakers) and 24 European American women between the ages of 40 and 70. They concluded that these two groups interpreted the menopause significantly differently, arguing that cultural variation causes different interpretations of menopause in women.

These studies did not definitively address the causes of these differences, but highlighted the role of culture. Melby, Lock and Kaufert (2005, p 496), emphasising the concept of reproductive ecology, believe that the cultural structure of a specific geographical place influences the meanings and experiences of menopause. In another words, cultural structures can influence the experience of menopausal symptoms due to negative cultural perceptions towards menopause, which can both increase and worsen the symptoms - for instance, vaginal dryness, which affects sexual activities.

Therefore, it seems clear that cultural structures are an important factor in determining the time frame in a woman's life for when she can be considered 'attractive' and continue her involvement in sexual behaviour. Yet these studies had flaws: most significant is the idea that culture is as simplistic as language spoken.

The medical management of menopause is another issue that complicates biological models of the menopause. Lock (1982, p. 261) argues that menopausal women are monitored very poorly, and their condition is regarded in a negative way, by gynaecologists. She carried out research to explore the importance of "*folk models*" (common sense descriptions) on physicians' decision making in respect of caring for menopausal patients. The data was gathered through interviews with 12 gynaecologists, 12 family and general practitioners, and five residents in obstetrics. She also attended lectures and seminars on the topic of menopause in three teaching hospitals in Montreal, and observed the treatment of menopausal patients in clinical settings. She concluded that the personality of the physicians, their attitudes towards women and their role in society, the age and sex of the physicians,

and, finally, the impact of the mass media on physicians were important factors affecting physicians' decision making. Thus, she inferred that physicians are likely to work with menopausal women on the basis of "*folk models*".

While studies taking a biocultural approach place attention on the role of culture in shaping women's experiences of the menopause, and are to some extent critical of the medicalisation of menopause under biomedical approaches, there is still, however, a lack of attention to power - as *sociologically understood*. For example, it has been argued that biocultural research has been neglectful towards matters of political economy and social inequalities (Leatherman, 1996). In other words, the biocultural approach considers all the individuals from one culture as comprising one category - in spite of 'necessary' differences in socio-economic status and cannot, therefore, sufficiently deal with gender, sexuality and power.

The biomedical approach, also, has been criticised from a social constructionist perspective that emphasises the impact of structural social institutions like the media and the pharmaceutical industry on the menopause. Utz (2011) conducted a qualitative study with 24 middle-aged and older women, who participated in in-depth, face-to-face interviews in Utah, USA. The sample consisted of 13 daughters, who were born in the early to mid-1950s, plus the mothers of 11 of these women; the members of this latter group were born during the 1920s and 1930s. Additionally, Utz conducted 16 follow-up interviews in the six-year period following the initial interviews, to understand how women's attitudes and experiences might have changed over time. She discovered that although the physical and

biological experiences of menopause were similar for the daughters and mothers, their attitudes and perspectives towards menopause as an event were different. Utz (2011) explained that institutions, such as the media and the pharmaceutical industry, construct the cultural lens through which women experience their bodies, the menopause and the ageing process; hence, women's subjective reality is constructed by the macro-historical context that defines their experiences. On this basis, Utz (2011) argues that menopause is a socially constructed and historically situated concept and in a more radical way, denies the corporeality and physiology of the body (Twigg, 2004, 2006).

Similarly, Dickson (1990, p. 16-30) conducted a feminist constructionist analysis of women's knowledge about the menopause. She argued that its meanings and symptoms are based on a stereotype which has been formed by dominant medical/scientific discourses, and has imposed a heavily defined position on women in order to control their bodies. Dickson (1990) highlights the routine medicalisation of women's bodies as a means of social control, and concludes that, at the level of everyday life, women's bodies both reflect and resist these dominant discourses. Meanwhile, Stotland (2002), also adopting a social constructionist approach, argues that the emphasis on hormonal therapy in menopausal women is the consequence of youth idealisation – and a consequent desire to gain eternal youth.

To summarise, most of the research which has been conducted by focusing on the menopause takes a biomedical or biocultural approach and generates survey based statistical data on the symptoms of menopause without explaining the processes involved or understanding them from women's

point of view. Other available research, in contrast, takes a constructionist approach in which menopause is regarded as reducible to a socially constructed event or period. There are limitations to both approaches and there is a need for a research to recognise menopause as an embodied corporeal concept and experience that is both formed and given meaning within given socio-cultural contexts (Martin, 2007; Nettleton & Watson, 1998).

In adopting a theoretical framework that is focused on adequately conceptualising the sexual lived experiences of Iranian Muslim menopausal women, I thus aim to contribute to existing theory and empirical research on menopause, gender, sexuality and embodiment. My research contributes to this literature on two counts. Firstly, it considers menopause as comprising two important elements: biological reality and socio-cultural aspects. In other words, I argue that the biological aspect of the body is as important for understanding the menopause as its social aspect. Secondly, as I explain later, I seek to understand menopause from Iranian Muslim women's own points of view, by conducting biographical, or life history, research.

#### *2.4.2 Sexuality, Ageing, Gender and Menopause*

There is very little research that focuses specifically on the sexuality of menopausal women from a socio-cultural perspective. In this section, I consider studies that have focused on ageing and sexuality and menopause/ageing and take account of the socio-cultural, although some are still focused on biological dimensions, in addition to the (even smaller body of) research that specifically addresses sexuality and the menopause. Importantly, much of this research does not maintain an explicit focus on the

menopause, meaning that I have included broader research on gender, sexuality and aging.

The idea of different female and male sexual natures is very strong (Gott & Hinchliff, 2003), and as a result gender is an important way of thinking about the menopause. Gott and Hinchliff (2003, p. 67-76) explored the crucial role of gender in understanding expressions of sexuality. They indicated in their findings that gender is a significant factor for defining sex roles for women and men within marriage, for shaping the impact of ageing upon sexual identity, and for determining attitudes towards sexuality and remarriage following widowhood. They highlighted that menopause is the beginning of the changes in the meaning of sex for women from reproduction to their own pleasure. Hence, to understand the sexual experiences of menopausal women, I employ a theoretical and methodological approach that can conceptualise gender and sexuality together.

The issue that merits particular consideration is the fact that sexuality and sexual desires are considered as an endowment for people who are young and/or male to enjoy, so older women have simply been excluded from this area of research (Carpenter, Nathanson and Kim, 2006). On this basis, the potentially significant role of gender in understanding the sexuality of ageing and middle-aged women and, more specifically, the importance of paying attention to the gendered dimensions of sexuality for menopausal women in this research can be appreciated.

Katz (2010) and Smirnova (2012) have highlighted the role that popular media images, films, fashion, and the cosmetics industries play in youth-

based idealisation of the body; that the definition of womanhood for young women is beauty, femininity and power, and that old age means the absence of these qualities. On this basis, older women tend to believe that they have lost their femininity and physical attractiveness. Additionally, biomedical discourse defines cosmeceutical interventions as a cure to the 'disease' of ageing and a way to restore one's youth. Given this, gender is a significant factor in experiencing body image during the ageing process. During this time, women experience negative feelings towards their bodies due to the ideal definition for beauty and femininity defined by social structures as having a young and slim body (Winterich, 2007; Calasanti, 2005; Clarke & Griffin, 2008). However, menopause and its relationship with ageism and invisibility are not discussed in any detail in the aforementioned studies.

It can be seen that a perception older woman may commonly have of themselves is as unattractive and unfeminine. And this affects how women perceive their gender and sexuality. Koch, Mansfield, Thureau and Carey (2005), from the biomedical/biocultural perspective, have noted that the more a woman considers herself to be attractive, the more she experiences sexual desire, orgasm, and enjoyment and frequency of sexual activity. They found that participants believed they would be more attractive if they were 10 years younger. They also found that there was not a significant relationship between women's self-rated attractiveness and their menopausal status. However, since this was a biologically focussed, quantitative study, the researchers could not explore the reasons and processes informing their findings.

Lindau, Schumm, Laumann, Levinson, O'Muircheartaigh and Waite (2007), found that although older women were sexually active, they did not feel comfortable in having a dialogue about their sexual activities with their physicians. This suggests that even in modern countries, significant barriers can exist in terms of honest sexual communication for older women.

DaSilva *et al.* (2009) reviewed articles in PubMed from 1982 to 2008 in order to examine the prevalence of sexual dysfunction in climacteric women. They concluded that "climacteric women" experience a significant decrease in sexual function and that consuming oestrogen replacement therapy is its treatment. It is interesting to note here that DaSilva *et al.* use the word 'climacteric' rather than 'menopausal' in their research. Climacteric means 'crucial', 'critical' or 'a dangerous period of time'. Thus, their choice of language demonstrates further their biomedical perspective towards menopause, regarding it as an illness that needs treatment and 'fixing' through medical interventions.

Wood, Koch and Mansfield (2006) have questioned the biomedical model for conceptualising women's sexual desire based on the application of male model as the standard (a "male model" being one where sexuality and sexual desire are framed through men's experiences and attitudes, not women's), the use of a linear model of sexual response, biological reductionism, depoliticisation and medicalisation and they recommend feminist based biopsychological research to study women's sexual desire through women's lived experiences.



To understand the meaning and experiences of post-menopausal women's sexual desire, Wood, Kernoff, Mansfield and Koch (2007) undertook telephone-based semi structured interviews with 22 postmenopausal women who were participants of the Research Program on Women's Health in Pennsylvania State University using a grounded theory approach. They found that although women internalized the socio-cultural expectations that give priority to their male's partner's sexual needs over their own, they negotiated their sexual agency within three main domains: their own sexual self, their partners and the medical system. Women's perceptions of their sexual rights and needs shaped their internal sexual negotiation influenced by the sexual messages they had received earlier in life, their personal beliefs, their health status and various life circumstances. Additionally, women negotiated their agency within the medical system instead of receiving predominantly negative messages from their physicians who regarded menopausal changes as illness.

This research is important because it is highly engaged with understanding of sexual experiences of menopausal women, provides rich description of menopausal women's sexual agency in three different domains and highlights the importance of sexual experiences and messages in menopausal women's earlier lives. Nonetheless, there is still a lack of attention paid to power and the process of imposing power on menopausal women's sexual lives. Moreover, the use of semi structured interviews did not allow them to explain thoroughly the events and behaviours in women's earlier sexual lives that influenced their later sexual lives.

Critiquing the biomedical approach towards sexual experiences of menopausal women, Winterich (2003) explains that the significant elements for describing sex after menopause are cultural and social issues such as relationship status and quality, health and sexual history rather than menopausal changes. She conducted 30 in-depth interviews with heterosexual and lesbian post-menopausal women who lived in Pennsylvania and Washington D.C. in 1999 and 2000. None of the women who participated in her research stated that their menopausal changes had affected their sexual life, thus they continued to enjoy their active sex lives regardless of menopausal changes. This study highlights the crucial impact of cultural expectations on the sexual lives of menopausal women and displays the interconnection between sexual orientation, relationship quality and cultural ideas about sex. However, Winterich (2003) did not consider the role of gendered socio-cultural structures on the earlier sexual lives of women and their impact on later life. As she suggests herself, a life history research is required to understand women's sexual socialisation throughout their lives.

In contrast, Fileborn, Thorpe, Hawkes, Minichiello, Pitts and Dune (2015) contend that significant life changes such as menopause have a remarkable impact on the sexual experiences of older women. They conducted in-depth interviews with 43 women aged 55-81 from three locations in Australia and concluded that relationship context and life events such as children leaving home, social and cultural context, significant life changes like menopause and surgery and accepting penetrative sex as 'real' sex are the factors that affect women's sexual practices and desires. Thus, by explaining that

women in their study had challenged the definition of 'real' sex, they emphasised the diversity in menopausal women's experiences and understanding of sexuality. Despite indicating the significant role of socio-cultural structure on older women's sexual experiences, this research did not acknowledge the role and process of power in defining 'normal' sex.

Katz and Marshall (2004), however, by underlining power relationships in constructing older people sexual practices, clarified that technological, professional and pharmacological discourses define a binary figure of functional/dysfunctional human sexuality and ageing in order to control older people's sexual lives and experiences. Thus, considering sexual dysfunction as age-related organic disease provides an endless chain of possibilities for medical interventions in the context of consumer culture and society (Katz & Marshall, 2003).

Hinchliff, Gott and Ingleton (2010) have emphasised the medicalisation of the sexuality of menopausal women in contemporary Western society and argued that although the sexuality of women is medicalised, its impact is greater during menopause due to the way that medical discourse and knowledge constructs the menopause. Their study indicates, moreover, that menopausal women can experience their sexuality during menopause in heterogeneous ways - thus, the sexual changes that occur during menopause are not solely related to bodily events; rather, interpersonal factors may be more important in accounting for sexual pleasure. They conclude that the sexuality of menopausal women is formed by the interaction between biological and psychosocial factors within a social context. However, as their research assumed a biopsychological

perspective, they were not able to clarify the influence of other social factors on the sexuality of menopausal women – or, similarly, to detail how medicalisation actually affects menopausal women's bodies and their sexuality.

To explain the influence and interactions of medical and healthcare practitioners with women's bodies, Cacchioni and Wolkowitz (2011) demonstrated that by allowing women to accept the culturally prevalent idea that 'real' sex is penetrative sex, not challenging the notion that all women must be sexual, and not challenging the situation in which it is only women (and their health practitioners) rather than men who are responsible for the work of addressing sexual difficulties, the medical practitioners reproduced normative heterosexuality and reinforced the medicalisation of women's sexual activities.

Similarly, Hinchliff and Gott (2008) conducted 19 in-depth interviews with women aged 50 and older from Sheffield, UK, in order to illustrate the role of cultural representations in women's sexual activity through exploring the way that middle-aged and older women negotiate the importance of their sexual activity through dominant discourses. Adopting a discursive analysis, they concluded that although women resisted biomedical discourse by believing that sexual activity was important for them, they accepted this discourse as being applicable to women older than themselves. Moreover, sexual activity was constructed as a 'risky business' for women in comparison to men, and consequently this positioned women's sexual desire as responsive, either to hormones or to men's sexual desires. Additionally, and in a similar vein, sexual activity was, for the women in their study, constructed as having

psychological and physiological benefits only if they were within committed relationships.

DeLamater and Moorman (2007) analysed secondary data, derived from the Modern Maturity Sexuality Survey that took place among 1384 men and women aged 45 and older and had been collected by American Association of Retired Persons (AARP). They explained that sexual expression in later life can be affected by the interaction between body, mind and social context. However, since their research was quantitative, they could only demonstrate the association between age and frequency of sexual behaviour, with no explanation of the underpinning processes involved. The authors' conclusion is formed by secondary analysis of statistical data alone which did not allow for any consideration of factors such as ethnicity and religion, nor any explanation of individual's experiences and their interrelationships with socio-cultural structures.

To understand the term 'sexuality' from women's point of view, Bellamy, Gott, Hinchliff and Nicolson (2011) conducted 23 in-depth, semi-structured interviews with women aged 23 to 72, who were recruited from two cities in the UK from members of general public and attendees of a psychosexual clinic. They concluded that sexuality is a concept that is experienced diversely by individuals. For instance, for some participants, sexuality was defined as sexual intercourse, which they accepted as constituting 'real' sexuality; for others, meanwhile, sexuality included both physical and psychological aspects of sexual activity. As a result, the authors argued that sexuality is the intersection of ideology, culture, power and the material body.

To summarise, there is broad agreement in the literature that social factors are as important as biological factors in understanding the sexuality of midlife and older women - and particularly the sexuality of menopausal women. However, it can be concluded that there is little research to explain the processes involved in these socio-cultural factors or their conceptualisation. Previous research which has analysed the socio-cultural aspects of sexuality in women has often lacked an explicit theoretical perspective – and been unable to support the development of concepts of gender and sexuality, ageing bodies and menopause in everyday life.

Moreover, constructionist research, while developing a focus on the impact of medicalisation and socio-cultural discourses on the sexuality of women, has tended to ignore the important role of the body and mind, and the reflexive interaction between self, body and power. As a result it has been unable to offer any explanation for how identities are created in the cultural practices of everyday life, through the mediation and negotiation of power by individuals.

Importantly, how the concept of sexuality is understood from menopausal women's point of view is a concern that has been inadequately explored. As a result, some of the conceptual groundwork needed to ensure that research is meaningful and applicable has not been undertaken. What is required is a methodological perspective that can place emphasis on self, on sexual biographies, and on individual's experiences in socio-cultural contexts - in other words, a methodological perspective which works to mutually capture individuals' experiences and their socio-cultural contexts in a process that

can analysis the individual's lived experiences historically and within the socio-cultural structures of their society.

Therefore, there is a need for a research agenda to be developed around the sexuality of menopausal women which bridges body, mind, gender and socio-cultural aspects in order to explain each of these concepts from menopausal women's points of view, and to pay close attention to the ways that embodied actors position themselves in everyday life in the context of gender, sexuality and ageing. In addition, such research should be able to underline the meaning-making produced by the agents in their sexual lived experiences and not ignore the choices that they make in their everyday lives. Hence, in this doctoral study a biographical narrative interview method to the life course of Muslim Iranian menopausal women is utilised to conduct the research. The vast majority of literature reviewed is based in the global North. The following section reviews research in Iran, the setting for this study.

#### *2.4.3 Previous Research in Iran*

Despite the lack of research that addresses the sexuality of Iranian Muslim menopausal women<sup>10</sup>, it is possible to draw on research that has been conducted around sexuality, gender and menopause in the Iranian context.

Ahmadnia (2002, p. 762-764) surveyed 1065 working and non-working mothers in Tehran to analyse the impact of work on mothers' health. She asserts that Iranian socio-cultural structures emphasise traditional roles for

---

<sup>10</sup> As I mentioned, the reason could be that sexuality and sexual desires are considered as an endowment for young and *male* people to enjoy, so elderly women are simply excluded from consideration

women, so women feel guilty if they do not carry out their roles 'justly'. Thus, she argues the impact of men's attitudes on women's health (mental and physical). Although Ahmadnia's research is a survey with a quantitative approach, it reveals the normative roles and expectations which are imposed upon women by the socio-cultural structures. Yet, her methodological perspective, does not allow her to clarify the women's perspective in order to develop an understanding of how concepts of femininity and masculinity, and gender relations, assume salience in this regard.

Additionally, Khoei, Ziaei, Salehi and Farajzadegan (2013) conducted a mixed methods study to examine the factors which are important in the 'mating processes' among 212 young couples aged 18 to 35 years in Isfahan<sup>11</sup>. They concluded that 'chastity' was the most important factor for both genders. In addition, men preferred a 'mate' who was a good housewife and capable of cooking, while women preferred a 'mate' with good earning capacity, financial prospects and a university education. Their study confirms that there is a distinct separation between definitions of femininity and of masculinity and their roles amongst their participants – what, to them, counts as a 'proper' wife and 'proper' husband.

Merghati-Khoei (2005, p. 9) also identifies this gendered separation, specifically in the arena of sexuality. She explains that the socio-cultural structure of Iran 'regards' the sexuality of men as a natural and inevitable urge that should be satisfied; while women's sexuality is defined as an honourable and valuable feature of femininity, subject to regulation and protection and also with a holy aim - of becoming a mother.

---

<sup>11</sup> located about 340 kilometers south of Tehran



Afary (2009) explains the way that sexual politics in Iran have through a historical process shaped the gender order and highlights the women's movement as their agency and response to the Iranian patriarchal system. She explains Islamist women's movements as a reaction to top-down imposition of "*Westernized modernity*" such as compulsory unveiling under the Pahlavis in 1936:

*"Women's bodies became sites of political and cultural struggle, complicated further by the subjection of unveiled women to an intense public gaze and sexual harassment."*

Shaditalab (2006, p.16), discusses the impact of Islamisation on gender relationships and gender roles in Iran after the Islamic revolution in 1979.

She explained that:

*"The institution of the family has enhanced the notion of male guardianship in the household as well as in society and has developed the concept that the most important role for women is motherhood. Men's duty is to facilitate women's reproductive and nurturing roles; they are responsible for supporting their wives and receive economic subsidies, nafagheh<sup>12</sup>, to do so even when they earn an income. Women's duties as good wives include the sexual gratification of their husbands, for which they are assured financial support in return."*

However, she points out women are not passive in this regard. Pragmatic Iranian women, by employing fegh-e pouya (dynamic jurisprudence), have instigated evolutionary change in respect of gender practices. Fegh-e pouya emphasises that the Islamic texts should be interpreted within the context of the time and location in which they arose. Some rules are a result of a particular Arab pre-Islamic situation and thus need to be adjusted to fit with the current era. She illustrates that, due to this evolution, women currently constitute over 60 percent of university students, they postpone marriage to

---

<sup>12</sup> maintenance

complete their higher education, and stake a claim for social mobility and full participation in public life (Shaditalab, 2006, p.16-18). This research is especially significant for my own research as Shaditalab (2006) clearly illustrates the importance of agency of Iranian women, as will be discussed in the finding chapters, 5, 6 and 7.

Nevertheless, the socio-cultural structures impose constraints on Iranian women by limiting their sexual education. DeJong, Jawad, Mortagy and Shepard (2005) highlight that, due to the taboo surrounding discussion of sexuality, there is a lack of sexual education curricula both in Arab countries and in Iran, which leads to unprotected sexual activities. They argue that conflict over the appropriate role of religion in social policy and health is one of the reasons that sexual health is a contested subject in these countries, which consequently threatens women's health. They claim that although abortion is illegal in Iran (except to save the mother's life), it is estimated that 100,000 young women attempt illegal or induced abortion every year – a scenario in which women are vulnerable to additional health risks.

Meanwhile, Mahdavi (2009) explains that many Iranian women are more afraid of the social risks of sexual activity (being seen, or arrested by the Islamic morality police<sup>13</sup>) than of the health risks of sexually transmitted diseases such as HIV. She conducted qualitative ethnographic research (2000-2007) to examine the changing nature of sexual culture. Mahdavi (2009, p.4) claims that, due to a lack of sexual and reproductive health knowledge, Iran is facing rising HIV and STI rates, increasing 'back-door'

---

<sup>13</sup> Iran has had morality police since the 1979 Islamic Revolution in order to conduct Islamic code by focusing on ensuring observance of hijab and discouraging cosmetics.

abortions, and rising rates of drug use – all of which specifically threaten women's health.

Likewise, Lotfi, Tehrani, Khoei, Yaghmaei and Dworkin (2013) underline the increasing rate of HIV/AIDS among women in Iran, and point out its significant relationship with the gender norms and expectations of its specific socio-cultural context. They concluded that perceived gender norms - such as male control over condom use and sexual decision making, male pleasure predominating in sexual activities, sexual double standards, and women's economic dependencies - are important barriers to women adopting protective behaviours. A salient point in their study is that they affirm sexuality not merely as a biomedical concept expressed by individuals; but rather, affected by Iranian socio-cultural structures. By addressing the gender order of Iran and accepted gender roles, they reveal the crucial influence of gender norms on the sexuality of Iranian women.

Seeking to explore the role of religion in shaping the way that Iranian women understand their sexuality, Khoei, Whelan and Cohen (2008) conducted a focus group with 51 Iranian women aged 19 to 82 who lived in Sydney, alongside 10 semi-structured interviews with Shiite clergy in Iran . Although most of the participants were women who lived in Australia, some not even actively practising Islam, religion was nevertheless an important factor in shaping their understanding of sexuality. The authors (2008) highlight that the concept of sexual obedience within marriage indicates women's high level of religious commitment, and their adherence to notions of modesty and self-respect. However, despite some of the participants accepting that sexually satisfying their husbands is their 'duty', they did not recognise it as

subordination as they believed that they could have control over – and success in - their marital lives by using their sexuality as a “*unique energy*”. Therefore, the authors concluded that their participants understood the meaning of sexuality as an instrument for managing married life rather than solely a tool for procreation – a position which can reveal sexual agency.

There are fewer studies around menopause in Iran and most of them are limited - adopting a biomedical perspective - to reporting the rate of menopausal symptoms or the mean age of natural menopause (Ashrafi *et al*, 2010; Ayatollahi, Ghaem and Ayatollahi, 2005; Mohammad, Hashemi and Farahani, 2004). However, Khademi and Cooke (2003) claim that rural Iranian women have a more negative attitude towards menopause than do urban Iranian women due to the importance of being fertile in traditional Iranian culture.

Yazdkhasti, Keshavarz, Merghati Khoei and Hosseini (2012) conducted a randomised control trial among 110 menopausal women in 2011 to study the effects of a structured health educational program on these women's quality of life. They divided the women into two groups; one group did not attend the educational program while the other group did. The programme consisted of 10 sessions of 120 minutes each about the menopause and its symptoms. They concluded that there was a statistically significant difference in the quality of life for the group that received health education, suggesting that Iranian menopausal women cannot easily access information even about the potential symptoms of menopause.

These are examples of research which have been undertaken with an approach underpinned by biologically essentialist assumptions; indeed, such statistical data can show how often menopausal symptoms happen and at which age. By contrast there is no the research on sexuality of Iranian menopausal women from a *sociological* perspective.

This review of previous studies in Iran has revealed some strengths and limitations of the current knowledge base concerning the sexuality of women. In terms of strength, some highlight the impact of gender roles, the gender order and cultural definitions of masculinity and femininity on the sexuality and sexual health of women in Iran. They have also described the important role of religion in shaping understandings of sexuality and access to sexual knowledge, and as a factor which subsequently can have great impact on the sexual health of Iranian women.

Turning now to limitations, there is no research from an explicitly sociological perspective about menopausal women or their sexuality. This constitutes three kinds of limitations in this regard. Firstly, the subject of the sexuality of menopausal women has not yet been studied at all underlining the importance of the empirical contribution of this research. Secondly, the studies which have been conducted about menopausal women are quantitative, hence they cannot capture understandings of menopause from the point of view of individual women, and this reveals their *methodological* limitations the result of adopting a biomedical paradigm; and finally, all of the studies about menopausal women adopt a biomedical approach, thus limiting their *theoretical* contribution.

To sum up, having given an overview of the available research which has been conducted in Iran, I reiterate that my research is unique in seeking an understanding of the sexuality of Iranian Muslim menopausal women. Thus, this study is in a position to develop and make a significant contribution to the current knowledge base of gender, sexuality and ageing studies in Iran.

## **2.5 Summary**

This literature review, by providing an overview of empirical studies and theories has revealed some strengths and limitations of the current knowledge base concerning gender, sexuality, embodiment and menopause. I explained that although the mundane part of body is important in this research, the holistic approach of bio-culturalism cannot explain the significant impact of social factors in conceptualising the sexual experiences and biographies of Iranian Muslim menopausal women. However, despite emphasising the power process that constructs sexuality, gender identities and practices, post-structuralism and social constructionism approaches are not appropriate for this research due to their neglect of the individual's role in their everyday social interactions.

Since, for this study, employing a methodology and theoretical model which allows the participants to narrate their stories from their perspectives is crucial, biographical research and an interactionist approach are employed. Employing a combination of interactionism (Connell's gender order) and practice theory (Crossley's reflexive embodiment) allows me to explore gender, sexuality and embodiment, both as social practices and aspects of individuals' interactions in their everyday lives. I highlighted my theoretical contribution by employing a new approach to the interrelationship of

sexuality, gender and body through analyzing the sexual biographies of Iranian Muslim menopausal women. I will explain these theories comprehensively in the next two chapters: Chapter 3 (theoretical framework) and Chapter 4 (methodology). Below is a summary of this review of the available literature in table form.

## Literature Review

Menopause	
Study	Perspective and Finding
<b>Biomedical perspective</b>	
Kaufert, Boggs, Ettinger, Woods and Utian (1998)	Highlights the importance of social elements from a biomedical perspective
Schoenake, Jackson, Rowlands and Mishra (2014)	Natural menopause is related to geographical region, socioeconomic position and life style.
Kaufert (1996)	Social and cultural parameters are affecting menopausal women's experience.
Hvas (2006)	Menopause has both positive and negative aspects.
<b>Importance of Culture from a biocultural perspective</b>	
Lock (1994)	Menopause may not even be universally recognised as a concept
Kowalcek, Rotte, Banz and Diedrich (2005)	Where <i>vitality</i> , <i>efficiency</i> and <i>energy</i> are ideal and are the symbol of being healthy, women experience a fear of getting old, which leads to them feeling less attractive and experiencing low self-confidence as a result of menopause.
Kagawa-Singer, Kawanishi, Greendale, Kim, Adler and Wongvipat (2002)	Cultural variation causes different interpretations of menopause in women
Melby, Lock and Kaufert (2005)	Reproductive ecology (the cultural structure of a specific geographical place influences the meanings and experiences of menopause).
Lock (1982)	Menopausal women are monitored very poorly on the basis of " <i>folk models</i> " by medical staff.
<b>Constructivism as important to macro historical/social analysis</b>	
Utz (2011)	Women's subjective reality is constructed by the macro-historical context
Dickson (1990)	Medicalisation of women's bodies and resisting of women's bodies.
Stotland (2002)	Youth idealisation is the reason for emphasis on hormonal therapy
<b>Sexuality, Ageing, Gender and Menopause</b>	
Study	Perspective and Finding
Gott and Hinchliff (2003)	Gender is an important way of thinking about the menopause : menopause is the beginning of the changes in the meaning of sex



Gott and Hinchliff (2003)	Role of gender in sexuality and ageing process
Carpenter, Nathanson and Kim (2006)	Ageing affects the sexual lives of women earlier and more adversely than it does men
Katz (2010)	The role of popular media images, films, fashion and the cosmetics industries in youth-based idealisation of the body.
Smirnova (2012)	The definition of womanhood for young women is beauty, femininity and power, and that old age means the absence of these qualities
Winterich (2007); Calasanti (2005)	Older women experience negative feelings towards their bodies due to the ideal definition for beauty and femininity defined by social structures.
Clarke and Griffin (2008)	Women's experiences of physical and social invisibility due to the realities of growing older
Koch, Mansfield, Thureau and Carey (2005)	More a woman considers herself to be attractive, the more she experiences sexual desire, orgasm, and enjoyment and frequency of sexual activity
Lindau, Schumm, Laumann, Levinson, O'Muircheartaigh and Waite (2007)	Older women did not feel comfortable in having a dialogue about their sexual activities with their physicians.
Wood, Koch and Mansfield (2006)	Challenging the biomedical model for conceptualising women's sexual desire based on the application of male model as the standard
Wood, Kernoff Mansfield and Koch (2007)	Women internalized the socio-cultural expectations that give priority to their male partners' sexual needs, but they negotiated their sexual agency.
Winterich (2003)	Significant elements for describing sex after menopause are cultural and social issues
<b>Sexuality, Ageing, Gender and Menopause</b>	
<b>Study</b>	<b>Perspective and Finding</b>
Fileborn, Thorpe, Hawkes, Minichiello, Pitts and Dune (2015)	The remarkable impact of menopause on the sexual experiences of older women
Ussher, Perz and Parton (2015)	The important role of psychosocial factors in any sexual difficulties and low sexual desires that occur during and after menopause
Katz and Marshall (2004)	Medical discourse defines a binary figure of functional human sexuality and ageing to control older people's sexual lives and experiences.
Hinchliff, Gott and Ingleton (2010)	The sexuality of menopausal women is formed by the interaction between biological and psychosocial factors within a social context

## Literature Review

Cacchioni and Wolkowitz (2011)	The medical practitioners reproduced normative heterosexuality and reinforced the medicalisation of women's sexual activities
Hinchliff and Gott (2008)	Women's sexual desire as responsive, either to hormones or to men's sexual desires
DeLamater and Moorman (2007)	Sexual expression in later life can be affected by the interaction between body, mind and social context
Bellamy, Gott, Hinchliff and Nicolson (2011)	Sexuality is the intersection of ideology, culture, power and the material body
<b>Research in Iran</b>	
<b>Study</b>	<b>Perspective and Finding</b>
Ahmadnia (2002)	The impact of men's attitudes on women's health (mental and physical).
Khoei, Ziaei, Salehi and Farajzadegan (2013)	Distinct separation between definitions of femininity and of masculinity and their roles
Merghati-Khoei (2005)	Iranian socio-cultural structure 'regards' the sexuality of men as a natural and inevitable urge that should be satisfied; while women's sexuality is defined as an honourable and valuable feature of femininity, subject to regulation and protection and also with a holy aim - of becoming a mother
Afary (2009) ; Shaditalab (2006)	Emphasising the agency of Iranian women
Mahdavi (2009)	Lack of sexual and reproductive health knowledge among women
Lotfi, Tehrani, Khoei, Yaghmaei and Dworkin (2013)	The crucial influence of gender norms on the sexuality of Iranian women.
Khoei, Whelan and Cohen (2008)	The women understood the meaning of sexuality as an instrument for managing married life
Khademi and Cooke (2003)	Rural Iranian women have a more negative attitude to menopause due to the importance of being fertile in traditional Iranian culture.
Yazdkhasti, Keshavarz, Merghati Khoei and Hosseini (2012)	Iranian menopausal women cannot easily access information

**Table 1: summary of reviewing the empirical literature**

### **3. Theoretical Framework**

### 3.1 Introduction

This chapter maps out the theoretical and conceptual framework for the thesis. As stated in the literature review (Chapter 2), my research aims to understand how the sexual biographies of Iranian menopausal women are shaped by the socio-cultural structures<sup>14</sup> of their society and how women, as individual, embodied agents, respond, in turn, to these structures. I do so by utilising and integrating three specific concepts identified in the literature: the life course; the gender order; and reflexive bodily techniques – the development of this framework being the focus of the current chapter.

It is worthy of note that an essential element influencing and informing the framework concerns my methodological perspective. Employing a biographical research approach (O'Neill, 2010; O'Neill, Roberts & Sparkes, 2015) (see Chapter 4) has led to (and indeed has, in part, emerged from) a commitment towards theories that foreground the subjectivity of individuals in their socio-cultural context. There is also a dialogue that exists between doing empirical work and working with theory; and my analysis of the narrations of the women who participate in this research has likewise influenced the particular construction of my framework.

This chapter is thus composed of four main sections. The first section outlines a life course perspective, arguing that this approach facilitates an exploration of sexuality and ageing in terms of a biographical social trajectory, and an understanding of menopause as a transition, or turning

---

<sup>14</sup> Connell (1987, p. 92) defines structure as: “ *intractability of the social world which reflects the experience of being up against something, of limits on freedom; and also the experience of being able to operate by proxy, to produce results one’s own capacities would not allow. The concept of social structure expresses the constraints that lie in a given form of social organisation.*”

point, in women's life histories. It is also a perspective in which the past and present socio-cultural contexts of an individual's life are emphasised.

In the second section, I discuss Connell's account of gender relations, in respect of her concept of the gender order (1987, 1995, 2002) as the next strand of my theoretical framework. I also explore the related concepts of hegemony, gender and hegemonic masculinity that underpin this approach. I begin, however, by examining the differences between "gender order" and "patriarchy", as respective models for capturing *patterns* in gender practices and understanding the ongoing perpetuation of gender inequality, arguing that the former model is better suited to a study of Iranian Muslim menopausal women's sexual biographies.

The third section outlines the concept of "body reflexive techniques" (Crossley, 1996, 2001, 2003, 2006, 2008), as the final strand of my theoretical framework. I will argue that its utilisation can elaborate the embodied nature of ageing and gender in the life course of menopausal women - and their lived sexual experiences.

In the final section, I demonstrate the interconnections and synergies of these three concepts, with the aim of fully elaborating my theoretical model, one that strives to push to the forefront the *agency* of the women in my study - as part of a 'group' commonly assumed to have little or none.

### **3.2 Life Course**

This part of the chapter will conceptualise the life course perspective, with specific emphasis on sexual and ageing trajectories, and on the menopause as a transitional point in women's lives. I also operationalise the life course

perspective methodologically by employing a biographical/narrative research method which this will be discussed in the “Methodology Chapter”.

### 3.2.1 Life Course as a Concept

Heinz and Krüger (2001, p. 29) identify the life course as a

*“Major institution of integration and tension between individual and society, that provides the social and temporal contexts for biographical planning and stock-taking, as well as for ways of adapting to change in public and private time and space.”*

In the life course perspective, the life experiences of human beings are shaped through a complex and reflexive process of an individual’s actions or agency in relation to socio-cultural structures, through time. This approach challenges static accounts of life experiences by providing a dynamic framework for capturing the changes and continuity that occur due to continuing social processes and interactions, along with agency, in an individual’s everyday life.

Moreover, as the different phases of an individual’s life course are interlinked, instead of being isolated events (Arber & Evandrou, 1993, p.9), life experiences can be conceptualised as a trajectory through an age-differentiated life (Elliott, 2005, p. 73). Thus, the life course is a multilevel concept, which is comprised of the trajectories of individuals, along with their interplay with socio-cultural structure; *social* trajectories represent the dynamic of individual life experiences and social institutions, in respect of a given time span (see Elder 1994, p. 5).

The element of the actor’s agency is a fundamental part of a life course approach, which makes it different from other, similar approaches - for instance, that of the ‘life passage’. Mandelbaum (1973, p.177) declares that

a life passage approach analyses the *impact* of socio-cultural structures on the human being's life experiences, by explaining the internalisation of social norms and ideology and the way that these *structures construct* the individual's lived experiences. On the contrary, life course approach, while involved with social processes and interactions (and their influences on life experiences), does not eschew the role of individuals in *creating* their life experiences but instead emphasises their agency. In other words "*how the person copes with society*" (Mandelbaum, 1973, p.199), how they make choices in circumstances among the possibilities, not of their own choosing, is the question that a life course approach endeavours to address. It highlights the dynamics of life experiences and the interrelation of social institutions with the personal choice of individuals (see also Phillips, Ajrouch and Hillcoat-Nallétamby, 2010).

In this vein, Katz, Peace and Spurr (2011, p.11-12) identify five characteristics of a life course approach. Firstly, there is a focus on the interrelation of individuals' lived experiences and their effects on each other (see Elder 1994). Thus, the transition of an individual can be the transition of others by bonds of kinship (Mortimer & Shanahan, 2007). For instance, as I explain in Chapter 7 ('Menopausal Time'), the menopause can be an initiator for reforming negotiations of power between husbands and wives. Secondly, there is a focus on ageing as a lifelong process, with the view that relationships, events and behaviours in earlier life can have remarkable effects on later life – a key theoretical, epistemological and methodological assumption of my research. Thirdly, there is a focus not only on continuity but also on change, and more specifically on particular turning points and

transitions in an individual's life and the consequences of these – for example, the real and imagined changes (and the potentially ignored continuities) in women's experiences of sexuality during and after the menopause. Fourthly, and as discussed above, there is focus on the significant role played by social, cultural and historical structures in shaping the individual's lived experiences. Finally, again, to reiterate, there is a focus on agency in this process; individuals are not passive, but, rather, actively make choices within socio-cultural contexts, choices that can have important consequences for their future trajectories.

In summary, the life course approach considers individuals' social trajectories as representing the interaction of socio-cultural structure and agency through time. Additionally, by regarding the individual's life as an ongoing process, it links events and behaviours in earlier life to later life, which, in turn, can be transformed by turning points or transitions.

### *3.2.2 Pertinence of the Life Course: Viewing Menopause as a Turning Point*

A transition or turning point is a segment of the life course in which the social position of an individual significantly alters (Bird & Kruger, 2005, p.173). For instance, Clausen (1995) and Cappeliez, Beaupré and Robitaille (2008, p.55) identify turning points as events creating changes in specific roles, life perspectives, previously set goals and perspectives about oneself (see Hutchinson, 2010; Gotlib and Wheaton, 1997). On this basis, the study of turning points in the social trajectories of individuals has a significant role to play in illustrating the ways that agents respond to the constraints and opportunities these events afford - shaped by specific socio-cultural structures – and in exploring processes of individual identity transformation.



Their analysis is crucial for a life course approach, in helping to generate 'thick descriptions' of lived experience (Geertz 1973). Bird and Kruger (2005, p.173) indicate that by studying the transitions/ turning points in the lived experiences of individuals, the researcher can achieve three main theoretical goals. Firstly, considering transitions as process instead of one point in the life course of individuals leads the researcher to display the interactions between the agency of the individuals and socio-cultural structures of a society. Secondly, it can build a comprehensive and multi-dimensional framework by linking biological and socio-cultural elements. Finally, it can underline the "socio-personal framing" of transitions by explaining the process of interplay between social structures and personal trajectories.

Moreover, Cappeliez, Beaupré and Robitaille (2008) highlight that some turning points are, to a greater or lesser extent, shaped by gender. One such significant, gendered event, I argue, is the menopause. Typically occurring in midlife, menopause can be considered a transitional period involving social norms and cultural meanings that have a notable impact on women's life courses (Crawford & Hooper, 1973; McCrea, 1983; Lock, 1982, 1994; Dickson, 1990; Deeks & McCabe, 2004; Hinchliff & Gott, 2008; Hinchliff, Gott & Ingleton, 2010). As I will explain in Chapter 7, in this research, women have referred to the menopause as representing a shift from being 'sexy' and 'skinny' to 'unsexy' and 'fat (ter)', from being 'young' and 'active' to 'old' and 'inactive', from being 'healthy' to 'unhealthy' and a life full of pain, and, ultimately, to the final stage of life, characterised by having less femininity. Consequently, and in a similar fashion to Neugarten (1963, 1965) who regards menopause as a key turning point in the life course, I view the

menopause as a remarkable transition in the sexual biographies of women, and one which can have significant impacts on their sexual life experiences and on gender relations. While some participants identified aspects of agency through the menopause, it was still experienced as a negative life event.

Thus, by employing a life course lens as an aspect of my theoretical framework, I can explore the ways in which social institutions and culture may shape the sexual biographies of menopausal women. Simultaneously, it allows me to scrutinise the sexual life experiences of menopausal women *individually*, in the wider context of socio-cultural structures, including their role in the reproduction and challenging of these self-same structures – such concern with individual agency in the life course being a key element of my approach. Thus, I can interconnect the specificities of menopausal women's sexual life histories to the gendered socio-cultural structures of Iranian society – and, at a methodological level, this is reflected in, and achieved through, my aforementioned employment of a biographical interview approach (see Elliott, 2005; also Chapter 4 of this thesis). The life course study is similar to the biographical approach in that it explores the individual's life trajectory to understand the interplay between the individual's action and the socio-cultural structure. Therefore, in both of these approaches, individuals' stories become a reflexive project which is in a dialectical relationship with socio-cultural structures.

Furthermore, by using a biographical life course approach, by regarding ageing and sexuality as a life-long process, and, more particularly, menopause as a turning point/ transition in this process, I can link sexual and

gendered experiences in earlier life to those in later life (during and after menopause), a second characteristic of life course work (Katz, Peace and Spurr's, 2011). Finally, considering the menopause as a transition allows me to develop a comprehensive and multi-dimensional theoretical framework that not only connects individual experiences to society, and agency to structure, but also biological to sociological elements, in its emphasis on moving through and towards particular bodily stages in life . Later in this chapter, I develop the concern with embodiment - as a strand of my theoretical framework - by discussing in depth some of Crossley's writings; but first, I turn my attention to elaborating the aspect of my framework that specifically centres on issues of gender, sexuality and power, chiefly with regard to Connell's theory of gender and her concept of the gender order.

### **3.3 Gender and Sexuality Theories Revisited**

In this section, I address existing gender theory to establish how I have conceptualised the socio-cultural structural elements of gender, sexuality and power in respect of the lives of Iranian Muslim menopausal women. More specifically, I focus on Connell's concept of the gender order, and the interrelated concepts of hegemony, cultural consent and hegemonic masculinity, in which the role of agency and lived experience is given due and sufficient weighting. To begin, however, I consider the notion of patriarchy, theorised as a set of interrelated structures, with reference to the work of Walby (1989). Her particular conceptual approach is discussed in terms of its limitations, before attention is turned to the solutions that are offered to these problems by Connell's "gender order" – thus serving to illustrate its utility and value to my research.

### 3.3.1 Patriarchy and Walby's Approach

Patriarchy is a core concept in Walby's (1989) theoretical work. Thus, I now engage critically with aspects of this concept in order to explore its limitations in respect of my particular research context (i.e., that of understanding the sexual biographies of Iranian Muslim menopausal women). Historically, patriarchy was at first defined in Weberian terms. Weber referred to patriarchy as:

*"a system of government, in which men ruled societies, through their position as heads of households"* (Walby, 1990, p.19; Mills and Gerth, 1958, p.296)

However, radical feminism has offered an explicitly critical theory of patriarchy, as the cause, primarily and fundamentally, of women's oppression (Abbott, and Wallace, 1997, p. 33). Sexuality and gender are, they argue, the main structures by which women are oppressed. Since they contend that patriarchy can permanently control women's lives, this implies a social structure that is fixed and overarching, rather than solely related to interactions among individuals. This theory is premised upon the idea that there is an autonomous system, controlled by men in order to exploit women (Abbott and Wallace, 1997, p.33). Therefore, all men, by virtue of their biological sex, participate in an organisation called patriarchy, and through it they enact dominance over and oppression of women (see, for example, Brownmiller, 1975; Firestone, 1970).

If radical feminism has typically theorised patriarchy as a fundamental social structure, Walby (1989, 1990, 1997, 2005) has subsequently taken the concept in a slightly different direction, focussing on what she calls 'the gender regime' and the relationship between the several patriarchal

structures that together constitute a regime. First, she defines two main types of gender regime: private and public patriarchy. She maintains (1989, p.228) that private patriarchy excludes women from all of social life, except the household. On the other hand, although public patriarchy does not exclude women, it nevertheless subordinates them in all aspects of social life, in the form of six, interrelated, patriarchal structures. Walby (1989, 1990) configures these six structures as: paid employment, household production, sexuality, culture, the state, and violence.

Two of these structures operate at the economic level: paid employment and household production. She defines the paid employment structure as either enforcing "*the exclusion of women from paid work or the segregation of women within it*" (Walby, 1989, p. 223). Household production includes all of women's work in the house, from cleaning to cooking for their husbands. Walby believes that this structure not only seriously discriminates against women, but also critically affects the other social relations of women. For example, as I explain in the 'Womanhood Chapter' (chapter 6) it may prevent the women's participation in wider society by impacting on the level of their education or paid employment.

With regard to the patriarchal structure of the state, Walby argues that a state that (regardless of its other features), imposes its power over women for the benefit of men is a patriarchal state. The patriarchal state legislates such regulations and rules as those pertaining to divorce, marriage, fertility, contraception, and wage discrimination. It also helps to construct the belief system of a society, where its actions can be displayed in the operation of ideological parameters as a pattern of discrimination against women. In so

doing, it has a significant impact on different aspects of gender relations (Walby, 1989, 1990).

Male violence, meanwhile, comprises another significant patriarchal structure. Walby underlines that male violence is structural in nature, rather than a matter of individual psychology. And women's fear of male violence enables men to control and regulate women's practices, including at the economic level (Walby, 1989, 1990).

Walby (1989, p.226) defines sexuality, another patriarchal structure, as a set of social practices that has remarkable influence on other aspects of gender relations. She emphasises that sexuality has to be recognised separately from gender in order to accentuate its causal power in women's subordination. She points out that the patriarchal structure of sexuality makes marriage a desirable goal for women.

Finally, culture, by shaping the differentiation of gender at both the abstract and the practical level, is another patriarchal structure in Walby's (1989) theory. She identifies religion (and its regulating of gender and sexuality, including through the inducement of guilt), and educational systems (which discriminate against women and provide men with more credentials) as significant components of the patriarchal culture. She declares that:

*"Patriarchal culture is best analysed as a set of discourses, which are institutionally-rooted, rather than as ideology which is either free-floating, or economically-determined."* (Walby, 1989, p.227)

However, despite the multi-causal nature of patriarchy in Walby's framework, it can be argued that considering patriarchy as a system (comprised of a set of structures) that subordinates women still essentially relies upon and

conveys a notion of the fixed nature of patriarchy, as argued in radical feminism. Thus, there is seemingly little place for human agency in this approach (Pollert, 1996). Although Walby (1997, p. 6) claims that social structures are open to reconstruction and transformation, she only highlights women's collective agency in this respect, ignoring individuals and their impact on structural arrangements. Pollert (1996) and Connell (2002, p.57) argue that Walby ultimately regards patriarchy as an autonomous, self-perpetuating system generating inherent gender inequality. They counter that gender relations are not a self-contained or self-producing system, but are part of a historical process which is shaped by the interaction of individuals with social structures (Connell & Messerschmidt, 2005, p. 844). Pollert (1996) emphasises that men and women can modify and transform their gender subjectively, and that there is no proof that men consciously and actively construct a patriarchal system. As a result, she considers that Walby's approach is too structural for analysing women's experience. She points out that to explore the lived experiences of women; the researcher needs to adopt a more empirical, micro-sociological, stance, than that taken by Walby. This is a similar call to that of Gottfried (1998), who argues that it is important to have a theory of gender based on social practice, one which considers gender and sexuality in terms of everyday experiences, and explores the connection of bodies - through day-to-day social practices – to gendered, socio-cultural structures.

Thus, in the terms of my research which focuses on the (sexual) biographies of Iranian women, Walby's theory of patriarchy is too limited. While I believe that theorising structure/s, to capture the consistency across time and place

of a hierarchical relationship between women and men, is vital, patriarchy here is not sufficiently flexible to capture the complexity of the ways in which Iranian Muslim menopausal women understand their lives, their practical embodiment, their sexual experiences, and their relationship to men. In contrast, Connell (who, as we have seen, is critical of the concept of patriarchy) does provide a gendered, structural concept that is sufficiently flexible to achieve such aims – and it is to this which I now turn my attention.

### *3.3.2 Hegemony, Gender and the Gender Order*

This section discusses Connell's concept of the gender order, and its core, associated ideas - hegemony, gender, and hegemonic masculinity - in order to explain why her approach can help in seeking to address the research questions: How are individual menopausal women's sexual biographies shaped by cultural, social and religious (Islamic) structures? How do women respond, in turn, in respect of their individual agency, to these social structures? And what can understanding a woman's biography tell us about the sexuality of menopausal women in Iran? I start by exploring the concept of 'hegemony' and then define the "gender order" (and gender, with its elements from Connell's point of view), in order to demonstrate its relevance to this study – and the discussion which will form the last part of this section.

#### 3.3.2.1 Hegemony

The concept of hegemony was elaborated by Gramsci in his *Quaderni* (Femia, 1981, p.25). He believed that there are two kinds of supremacy in social groups. The first one is domination, which includes coercion, and the other is hegemony, which is coercion with consent - or, in other words, hegemony consists of intellectual and moral leadership (Adamson, 1980,



p.169- 172; Femia, 1981, p.24; Jefferson, 2002, p.68). This means that social control can have two faces: domination, which is an external force and a kind of power that tries to control or coerce through reward or punishment; and hegemony, which is a power that controls internally and so achieves cultural consent. Gramsci highlights that hegemony in civil society is obtained through educational, religious, and pedagogical systems, in order to shape society (Femia, 1981, p.24-26; Adamson, 1980, p.170-172). Femia (198, p.36-37) explains that for Gramsci, consent refers to powerful individuals or groups who organise the manners and values of other individuals or groups in order to make them accept their norms. Therefore, coercion and legislation like patriarchy are ingredients for domination, as they have executive and legislative power, whereas cultural consent and psychological acceptance are ingredients for hegemony, which rests on cultural power and illustrates the individual's agency in terms of their acceptance of events.

#### 3.3.2.2 Gender

Another important term that merits detailed attention in relation to this research is gender. Gender has a similar root to the word 'generate', which means 'produce' (Connell & Pearse, 2015, p.9). There has, however, been much debate on the continuing definition of gender among both feminist and pro-feminist theories, due to differences in perspective. Feminists have written about three “waves” of feminism that relate to different forms of political action and intellectual perspectives (Tuin, 2016).

In terms of second wave feminism, Ann Oakley (1972) explains gender according to its biological definition: sex, which is the presence of female or

male genitalia. In contrast, Simon de Beauvoir (1973), also a second wave writer, considers gender as a sociological and cultural construct. She highlights that gender is a process of “*becoming*”, explaining that “*one is not born, but rather becomes, a woman*” (De Beauvoir 1973, p. 301). Meanwhile, third wave feminism (drawing, for example, on post-structuralist theory and the work of such writers as Butler (1990)) explores gender through relational and cultural lenses. Emphasis is placed on the fluidity of gender in practice. Yet, as argued in Chapter 2, post-structural feminism, in questioning the biological aspect of gender and body and by emphasising, in turn, that gender is formed by dominant discourses rather than individuals, disregards the notion of a reflexive, social, embodied self in interaction with others.

Connell (1987, p.61; 2009, p. 67), meanwhile, also takes a relational approach to gender but in contrast to the above is realistic and multi-dimensional rather than focused on discourse or culture alone. She draws on realism in exploring the gender order by considering gender, sexuality and body practice as both reality and socially constructed which are interconnected through everyday social practices. Connell uses depth realism to address the materiality of bodies and sexuality along with their social reality, and gender as both social practice and social structure. She contends that ‘being a man’ or ‘being a woman’ is an issue of social structure, social dynamics, social embodiment, and social solidarities and movements (Rasmussen, Gowlett & Connell, 2014, p.344). Moreover, Connell (2012, pp.1676-1677) argues that Butler, by focusing on cultural processes alone, cannot elaborate the role of economic processes, material interests, organisational life, emotional dynamics, or any non-discursive

forms of power and constraint. In Connell's formulation, there is, furthermore, room for the reflexive self, contra Butler; gender identity is not simply an effect of discourse, nor the passive result of socialisation (just as it is not explicable as solely a psychological property pertaining to individuals), but

*"is a constant, always being reinvented and rearticulated in every setting, micro or macro... Locating gender identity does not, however, make it a simple derivative of gendered institutions and gendered process. Gender relations are constantly shifting; gender identities are always in motion, always dynamic"* (Connell, Hearn & Kimmel, 2005, p.7).

Moreover, Connell's (with Pearse, 2015, pp.38, 66) theorisation of gender links the gendered society to human bodies, in a way that does not reduce bodies to cultural representations and norms (again, contra Butler and post-structural theory). Connell (2002, p.47), like Butler, points out that bodies are not "*docile*" in the process of becoming gendered; rather, at the same time that they are socially constructed, they have agency - thus, they are not a "*body canvas*" or "*body machine*": "*gender practice is a reflexive process of social embodiment*" (Connell, 2012, p.1677). In sum, Connell's definition of gender links the individual's practices (bodily and otherwise) to the gendered organisation (material and cultural) of wider society. Gender comprises a system of social relations, created and maintained by human activity over time, and thus it is never 'fixed' but thoroughly implicates a historical process. More importantly, gender cannot reproduce exactly or automatically, as it relates to individuals' agency as much as it does to structure. In other words, "*gender is a matter of social relations, within which individuals and groups act*" (Connell, 2002, p.9). It is in this connection that she elaborates a concept of the gender order – the focus of the next section.

Considering gender as a historical process that can be modified subjectively by individuals through the interaction between socio-cultural structure and their agency not only displays the individual's agency but also reveals the fluidity of gender, rather than it ever constituting a fixed or endpoint, from Connell's perspective. This can demonstrate the intriguing relationship between Connell's gender order theory and the life course approach.

#### 3.3.2.3 The gender order

On the basis of her multi-dimensional definition of gender, Connell (1987, 2002; Connell & Pearse, 2015) presents a conceptual model of a given society's gender order (its organisation or pattern of gender relations) along the lines of four key structures: 1. power (whether direct, discursive, or colonising); 2. symbolism, culture and discourse; 3. production, consumption and gendered accumulation; and 4. cathexis (i.e., emotional and sexual relations). In this focus on multiple, interrelated structures, as well in the nature of their content - e.g., production, culture, sexuality - there is a level of similarity with Walby's theory of patriarchy (though, as we have seen above, each works with otherwise different ontological and epistemological assumptions about gender, particularly in relation to subjectivity and agency).

For Connell, the notion of power – the first structure in her model of the gender order - means:

*“The way in which control, authority, and force are exercised along gender lines”* (Connell, 2006, p.839).

In her perspective, power is composed of different aspects, from collective or individual violence (a prime example being the dominant power of men, in cases such as rape, and the power of husband over wife, or father over

daughter), to organisational hierarchy (such as bureaucratic or legal power, or the power of state and capitalism). However, since for Connell gender power relations are best conceived as taking the form of hegemony, and power is never absolute, but rather is contested; gender can be transformed (Connell & Pearse, 2015, p.78).

Connell (1987, p.107) claims that even power as violence is a part of a complex structure involving the interaction between individuals and institutions. In other words, power, from Connell's point of view, is imposed through culture and cultural consent. In this way, although it seems that the dimension of power is very similar to that utilised in the core feminist concept of patriarchy (for example, in Walby's theory), especially in the violence case, they are actually distinctive. Connell, by placing stress on cultural consent, highlights women's role as actors in the gender order – albeit making choices under often-difficult circumstances – rather than presenting them as passive.

Another dimension of the gender order is that of symbolism, culture, and discourse. By recognising culture as an element of the gender order, Connell does not – we have seen in terms of her understanding of gender more broadly - mean to identify it as a determining structure that consequently disregards the role of the individual. Rather, she precisely emphasises the meaning-making of individuals in her approach to culture.

To elaborate, Connell (1987, 1995, 2002, 2009; Connell & Pearse 2015) argues that individuals interpret the world, subsequently acting according to their interpretation - and also that they impose meaning on the social world, and then act based on their interpretation of this meaning. This is not only

about action, however, but indeed has a significant relevance for identity construction. Gender meaning is not detached from meaning interpretation, which has accumulated in the context of cultural history (Connell, 2009, p. 83). Even biological responses are structured and understood through the meanings that have been given to them by the cultural structure. For example, emotional and sexual relations are affected by existing, dominant meanings of sexuality and by agents' understanding of these meanings (of being young and 'sexy', for instance, or menopausal and 'unsexy'), meanings and interpretations that can trigger physiological responses accordingly. This encounter with meaning is what Mead (1934) called the "*generalized other*", in which human beings internalise dominant discourses. However, this process occurs in the context of everyday interactions, relationships, and negotiations with other actors rather than representing determinism. Thus, Connell (2006, p.839) describes this dimension as:

*"the way in which gender identities are defined in culture, the language and symbols of gender difference and the prevailing beliefs and attitudes about gender."*

Moreover, Connell and Pearse (2015, p.143-144) explain that the symbolism of gender is influenced by the global media, in such areas as fashion, music, and celebrity. Indeed, there is a significant interaction between local gender orders and the creation of new arenas of gender relations, under the influence of a global (Western) gender order. By considering this dimension, I can explore cultural representations of gender, gendered attitudes and value systems, by exploring the language deployed in women's narratives.

The third structure of the gender order concerns relations of production, consumption and gendered accumulation. The relationship between gender

and labour is one of the fundamental areas of discussion in gender studies. A division of labour on the basis of gender is common throughout history, and in different cultures. It is, also, one of the significant factors of gender equality. In terms of global capitalism, Connell (1987, 2002; Connell & Pearse, 2015) indicates that the gendered division of labour is one of the key characteristics of the economic system. She clarifies this view by reasoning that it operates through: the demarcation between men's and women's work; connecting the demarcation to profitability and labour control; excluding women from career paths or opportunities; the solidarity of men in maintaining and promoting this demarcation; and, finally, the coherency between this division of labour and the allocation of domestic labour to women. Therefore, the division of labour is a part of comprehensive pattern called the "*gendered accumulation process*", which is embodied in all major products and services (Connell & Pearse, 2015, p.79). This is further supported and influenced by the cultural ideologies of capitalist societies, which are also *consumer* societies. This aspect of the gender order is not just a matter of labour division, but rather pertains to a gender structured system of production, consumption and distribution (Connell, 2002; Connell & Pearse, 2015). For example, in 'Menopausal Time' (Chapter 7), in the section on body image and cosmetic surgery, I explain how this has a remarkable impact on menopausal women's identities and experiences.

The last structure of Connell's gender order concerns emotional and sexual desire, or cathexis. Cathexis is defined in terms of gendered emotional relationships, such as attachment and antagonism among people, groups or organisations. Connell (1987, p.112) clarifies Cathexis as:

*“The construction of emotionally charged social relations with objects (i.e., other people) in the real world.”*

In other words, it is the social pattern of the emotional and erotic dimensions of gender. Sexuality is the main core of cathexis, which has been formed, mainly, by cultural structures, and although it is a basis of gender, it cannot be reduced to gender (Connell & Pearse, 2015, p.81). The structure of cathexis is multilevel, and has both observable and “*shadow*” structures, which are essential to recognise. For example, there is double standard in many societies regarding sexuality for women and men; it is often believed that ‘girls’ just want affection while ‘boys’ just want sex. Another example concerns the sexual objectification of heterosexual women by the fashion and cosmetics industries, and by the mass media more broadly (Connell, 1987, p. 113-115).

A significant site of cathexis, as a structure of gender relations, is the family, including the emotional attachments that exist between wives and husbands, and between parents and children. The dominant pattern in this case is that children have more emotional attachment to their mothers and, consequently, the caring of children is recognised as women’s responsibility; men are considered to be breadwinners, and emotionally distant from their children - or at least less emotionally attached relative to women (Connell & Pearse, 2015, p 82).

Connell (2005) asserts that by defining the gender order in terms of multiple structures (power, symbolism, labour, and cathexis), different dimensions of the hierarchical relations that exist between men and women can be explored, including socio-culturally prevalent constructions of masculinity and



femininity. This leads to an explanation of both individual gender identity and the subordinate social position of women. Thus, in the next section, I return to a particular focus on matters of hegemony and cultural consent as I discuss notions of masculinity and femininity, and, more specifically, Connell's concept of 'hegemonic masculinity'.

#### 3.3.2.4 Hegemonic masculinity, agency, and cultural consent

According to Connell, 'masculinity' is not the same as 'men', but it refers instead to gender relations between men and women, between masculinity and femininity; furthermore, it is about practices which allow the sustaining of men's "*collective dominance*" over women (Connell & Messerschmidt, 2005, p. 829-840). In this connection, she elaborates her concept of hegemonic masculinity, which she defines (1995, p.77) as:

*"The configuration of gender practice, which embodies the currently accepted answer to the problem of the legitimacy of patriarchy, which guarantees (or is taken to guarantee) the dominant position of men and the subordination of women."*

Thus, hegemonic masculinity concerns the power relationship between men and women, which places women in a subordinate position. Moreover, it also concerns the power relationship *between* men, and the subordination of those men embodying alternative forms of masculinity, particularly those culturally conflated with femininity. Cultural norms and values, which are gained through institutions such as schools, mass media and families, are important in defining popular (as well as conflicting) notions of masculinity and femininity in this respect.

To reiterate, Connell and Messerschmidt (2005, p. 848) underline that the gender order is relational and characteristics of masculinities can be socially

identified in contrast with the femininities. Moreover, the point is made that women, as mothers, wives, sisters, daughters, play a crucial role in the process of constructing hegemonic masculinities. Thus, the concept of hegemonic masculinity not only concerns the potential compliance of women's practices, but positions it as an integral part of it. By analysing these practices, then, one can delineate the active roles of women in the maintenance of the gender order.

Connell (1995) recognises two forms of hegemony, internal and external. While, "*external hegemony*" refers to the institutionalisation of men's dominance over women; "*internal hegemony*" refers to the social ascendancy of one group of men over all other men.

To summarise, by presenting hegemonic masculinity as based on a notion of cultural consent, Connell points out the individual's agency in the context of gender relations. She believes that gender identity is a social process, which is formed through the constant negotiation of meanings by actors in everyday interactions. So, individuals are not passive in this process, but are instead actively, creatively involved.

### *3.3.3 Pertinence of Connell's Gender Order Concept*

As has been demonstrated above, the concept of the gender order provides a fruitful tool to use for exploring gender relations within this research from a realistic perspective. It is also a relevant starting point from which to analyse the sexuality of menopausal women. In this model, gender is a multidimensional concept, and gender relations are not only constructed by the symbolic dimension, like the dominant culture, but also by material

practices, such as domestic labour, sexuality, child care and paid labour. Moreover, it is essential in this research to employ a framework which focuses on gender embodiment, and one that can clarify the bodily practice of menopausal women. In this way I disclose the conflicts between women's lived experiences, the biomedical institutionalised definitions of menopausal women, and the process of control over women's bodies. This can be explained by the notion of "*social embodiment*" from Connell's (2009, 2012) perspective.

Additionally, Connell (1995, p.89) emphasises that the life history is "*one of the richest methods in social sciences*". She underlines (1995, p.89-90) the importance of life history to explore the interconnection of social conditions and personal situation. For this reason, using Connell's theory is consistent with the wider theoretical framework of this research that includes the concept of life course and biographical narrative. By explicitly linking my ontological, epistemological approach and the other theoretical parts of this research, Connell's theory can enhance my sociological analysis.

Another salient factor for employing Connell's theory is her notion of Northern theory. She argues that women who live in societies of the "*Global South*" have been homogenised into a single category of victimhood by "*Northern*" theories (Connell & Pearse, 2015, p.67). She emphasises that there is no generalised and single category of women. 'Being a woman' is deeply dependent on the constructing and reconstructing of gender, which is interwoven with culture and global capitalism. Connell (2006, p.262) argues the need for a conversation involving many voices at the practical level of sociology, instead of accepting one voice as *the truth*, in the manner of

Northern theory. Indeed, based on my research findings, I share with Connell (2007) a scepticism about Northern theory as applied, without qualification, to societies of the “*Global South*” (e.g. Iran) - especially insofar as such theory fails to adequately account for women’s subjectivity, and their exercise of critical agency in constrained milieux. As a result, choosing those theories which are compatible with the cultural context of the research has been important in constructing my theoretical framework.

By using Connell’s gender order, the linking of gender to culture/discourse, social structure and substantive institutions, such as families, educational institutes, work places, and states, becomes possible, and I can illustrate the sexual narrations of Iranian menopausal women. I can also make visible the changes and agency of Muslim women during their life course- factors and experiences which have been mostly ignored in Western academia- in the context of the social structures they were born into and, as a consequence of their practices, help to reproduce or change.

### **3.4 Embodiment**

#### *3.4.1 Introduction*

In this study, the other important element of my theoretical framework is a practice theory which can enhance the notion of embodiment identified in Connell’s gender framework, and an embodied understanding of sexuality. By employing a biographical life course research approach that interrelates micro- and macro-sociology, and which highlights the ongoing process of lived experience, this research aims to reveal the gendered nature of the embodied sexual experiences of menopausal women. While both a life course perspective and Connell’s gender order provide useful insights for

interpreting data in this respect, I also employ Crossley's concept of "reflexive body techniques", which centres upon agency, to develop more fully an account of embodiment for/from the findings which have emerged.

The notion of "reflexive body techniques" leads on to an analysis of Iranian menopausal women's critical agency and addresses the extent to which embodied critical agency is possible given a socio-culturally specific manifestation of hegemonic masculinity in structuring the power-relations of the gender order. This requires an analysis of the minutiae of "*reflexive body techniques*" to understand how this is enacted in practice.

In the next part of the chapter, I thus focus on Crossley's (1996, 2001, 2003, 2006, 2008) work; but first I briefly consider the history of the concept of 'the body' within the social sciences, in order to place "reflexive body techniques" into a theoretical context and so highlight the especial appropriateness of Crossley's approach for this research.

#### *3.4.2 Notion of Body in Social Sciences*

Nettleton (2013, p. 95) highlights the social change that has resulted in the notion of bodies being of relevance for social science research, discussing this in terms of six main reasons. The first, and the most important of them, is the feminist movement. The second reason concerns advances in technology - for example, IVF in the reproductive area, or cosmetic surgery which creates a distinction between the crafted body and the natural body. The third reason is the consumer culture of global capitalism, which has been expanded increasingly, by encouraging people, especially women, to consume more of their products in order to be 'younger', 'fitter' and 'sexier'.

Another reason for focusing on the body, according to Nettleton, concerns changes in demographic factors, such as an increasingly ageing population. Meanwhile, the rising prevalence of AIDS is another element which has made the body an important concept in the social sciences. Finally, a growing engagement with ethical issues and debates in research about bodies is the last factor that has made bodies visible in sociology. My research implicitly and explicitly connects to the content of these reasons. By underlining ageing, notions of beauty, and medicalisation in relation to sexuality and gender, we can see the significant criteria for theorising women's bodies from a sociological perspective for my study. In the next section, I explore social theories of the body and embodiment.

#### *3.4.3 Perspectives towards Body and Reflexive Embodiment Techniques*

There is significant variation among contemporary embodiment theories, based on the distinction between the self and society, a debate trapped in what Crossley (2005, p. 1) has called the “*dualistic framework*”. In other words, the main distinction in embodiment theories is the way that a researcher considers the body: active and lived, or acted upon and inscribed (Crossley, 1996, p.99).

Nettleton (2013, p.97-102) asserts that there are three main perspectives of the body: naturalistic, social-constructionist and phenomenologist. From the naturalistic perspective, the body is regarded in terms of its biomedical aspects. In this view, diseases are considered purely as resulting from biological matters, so an unhealthy body can benefit from scientific and medical procedures (Giddens, 2001, p.143; Nettleton, 2013, p.98-100).

Accordingly, in this model, health inequalities are explained by biological differences, such as genetics. As nature and biology are the only important factors in this explanation, the role of individuals and society in medical treatment, and health, is not considered in this approach.

In contrast, constructionism sees the body as socially constructed, and thus, health and bodies are the result of social and historical situations. This approach highlights the effect of discourses on the body (Nettleton, 2013, p.100-101). However, the materialistic aspects of the body, the phenomenology of embodiment which is related to understanding, and the role of individuals are largely missing concepts.

Phenomenology, then, emphasises the structures of subjective experience and consciousness, in terms of the body. Phenomenological approaches focus on the lived experiences of embodiment (Nettleton and Watson, 1998). In this approach, agents are particularly significant, and there is a tight relationship assumed between self, identity, mind, and the body. In other words, the key concepts in this perspective are the agency of individuals and their interpretations and exploration of the social world through their bodies. Phenomenologists criticise both the biomedical/naturalistic and constructionist perspectives due to their ignoring the mind and its entanglement in both the physical aspects of the body and the structures of society (Nettleton, 2013, p.101-102).

Sociologists like Turner (1992, 1996), Shilling (1993), Giddens (1991) and Crossley (1996, 2006, 2008) have attempted to forge a new perspective by combining these three approaches. Turner (1996, p.82) claims that the

human body is one important part of the external world, which is interwoven with its historical and cultural context. By questioning the dichotomy that exists between self and society, Turner (1996) believes a researcher should avoid getting stuck in the dualism between the body's ontological and epistemological status and identifies his interrelated solution to this problem as '*epistemological pragmatism*' (Turner, 1992, p.16). He asserts

*"The body is simultaneously, conjointly and concurrently socially constructed and organically founded"* (Turner, 1992, p.17).

Moreover, Turner (1992, pp.18-19) explains the diverse social practices which regulate the body. He clarifies that the body is bound into society and regulated by cultural structures – for instance, religion, which is viewed as profoundly regulating the body. Turner highlights the fact that many of the regulatory aspects of religion have been transferred to medicine. Moreover, he maintains that religion and the state have a significant impact on female sexuality through patriarchal regulation.

Shilling (1993, p.5) also emphasises that the body and self in modern times is an ongoing project, or process of becoming. However, there is a distinction between this process within traditional societies and modern societies. In modern societies, the body project is part of self-identity, and has a reflexive character. This means that individuals consciously and actively choose to reconstruct and control their bodies based on their own desires. In contrast, in traditional societies, views of the body are dependent upon inherited and socially accepted models.

Likewise, Giddens (2001) asserts that the sociology of the body reveals the ways in which social factors, such as social experiences, norms, and values,



have an influence on human bodies. Moreover, through the lens of structuration theory, he explains that in “*high*” or “*late*” modernity, the self, just like the other institutions, is involved in a reflexive process (Giddens, 1998, p.80-82). In other words, he argues that although social structures have significant effects on the body, individuals in modern times consciously choose to construct their self-identity.

As explained in Chapter 2, Crossley (2005, p.2-4) has criticised Giddens due to his single explanation for all practices, and argues that Giddens’ theory can explain only some practices of modification, such as diet and exercise, which are common across society. By distinguishing those practices which have high prevalence, such as tooth-brushing, from those practices with low prevalence, such as having cosmetic surgery, Crossley (2005) points out that sociologists have to study these practices separately. Giddens’s structuration theory has also been questioned for ignoring the emotional dimension of bodies and its “*hyper intellectualization*” of the subject (Shilling and Mellor, 1996, p. 6; Bourdieu, 1990).

In contrast, Crossley (1996, 2005, 2006, 2007) emphasises that the body has both biological and sociological aspects, and it is necessary to consider at the same time the significant role of individuals and socio-cultural structures of the society in order to avoid producing a theory of the body that is overly cognitive, or premised on the assumptions of naturalism or structural determinism.

On the basis of disproving the dualistic framework of self/society and mind/body, and employing an interactionist approach, Crossley (2005, p.1-2)

asserts that what Mead indicates as the “I” and the “me” presents the body as subject and the body as object. Thus, the embodiment process is a reflexive action rather than a determined action (whether formed by nature or socio-cultural structures). Consequently, there is no distinction between “I” (“*We are our bodies*”) and “me” (“*We have our body*”), and the embodiment project is shaped through constant interactions between individuals’ agency and the social rules which seek to control individuals’ bodies. Thus, individuals make their own decisions to modify their bodies through the mediation and negotiation of power in their life course and applying “*reflexive body techniques*”. Crossley (2005, p.2) developed this specific term based on Marcel Mauss’s concept of body technique, which describes the body as a first-hand object, when transferring nature to culture (Featherstone & Turner, 1995, p.3). Crossley (2005, p.2) declares:

*“the concept of ... reflexive body techniques, affords a powerful analytic purchase upon the embodied and reflexive processes involved in projects of body modification/ maintenance and, indeed, upon the reflexive separation of the embodied I and me.”*

Consequently, he regards the body as a concept which can be reconstructed by individuals through a reflexive process. Since, he believes that different practices have to be considered separately, Crossley (2005, p.2) divides individuals’ practices into three groups:

*“Clusters which all members practise, clusters which the majority of the minority practise, and clusters which only a small minority practise”*

By distinguishing three different clusters (the core zone, the intermediate zone, and the marginal zone), Crossley (2005) underlines the different meanings of body modification that exist according to the prevalence (in a

statistical sense) of particular practices in a culture. The core zone consists of practices which are considered normal, while on the other hand, the marginal zone consists of those practices which are considered deviant. The intermediate zone concerns practices which vary across different populations but do not have either a high enough statistical prevalence to be considered as normal, or a low enough statistical prevalence to be considered as deviant (Crossley, 2005, p.20-29).

Crossley (2005, p.20) argues that gender (alongside class) is a very significant determining factor for placing a practice in a specific zone. For example, in some societies, a practice can be considered as belonging in the core zone for women, but the same practice is placed in the marginal zone for men. Additionally, Crossley (2005, p.28) identifies more power negotiations and struggles in the nature of feminine body techniques than that of other practices. He indicates that:

*“We should not discount the possibility that an agent’s choices and narratives are affected by their resources (economic, cultural, symbolic and social), by the exigencies of their situation, by the particularities of their biographical trajectory and by features of the collective habitus which they share with similarly resourced/situated agents.”* (Crossley, 2005, p.28)

Therefore, Crossley regards bodily practice as an interaction between the individual’s agency and socio-cultural structures of the society, by considering both its materialistic elements (such as biological and economic factors) and its cognitive element (mind) – the latter of which is achieved through an emphasis on the individual’s interpretation of the social world and cultural symbolism. Furthermore, he acknowledges the importance of

considering the individual's biographical trajectory and gender in this process.

#### *3.4.4 Pertinence of Crossley's 'Reflexive Body Techniques' Concept*

As explained above Crossley (2001), by employing Bourdieu's idea of habitus, connects individuals' bodily practices to the socio-cultural structure of society through their reflexive responses. In his view, bodies are not passive; rather, they are actively involved in the process of embodiment. This view allows me to capture comprehensively the dynamic processes of ageing, sexuality and gendered embodiment in respect of the menopausal women who are the focus of this research. Moreover, Crossley (2006) challenges the dichotomous idea of body/mind and biological/sociological factors, by regarding bodies as constituted of both materialistic and non-materialistic elements. This supports a way of conceptualising the bodily practices of menopausal women in this research in which biological and socio-cultural elements of sexual experiences are linked. In addition, gender also has crucial role in Crossley's theory (2005), which can prescribe a practice to a specific zone or context on the basis of whether the individual involved is a woman or a man.

Since individuals, their biographical trajectories and their interactions with the socio-cultural structures of the society are essential elements in Crossley's reflexive body techniques concept; it constitutes an effective way of utilising a practice theory approach for this study. In the next section of this chapter, I clarify the links and synergies between the three concepts: life course perspective, the gender order and reflexive body techniques, in order to elaborate the theoretical model of this research.

### 3.5 Gender Order, Reflexive Body Techniques and Life course:

#### Integration

In this chapter, I have explored the appropriateness of three different theoretical concepts for answering the questions of this research. In this part, I clarify how these three concepts are interrelated to illustrate my theoretical model and its efforts to widen the theoretical and substantive scope in this area. Firstly, I will scrutinise the interrelation between Connell's gender order and Crossley's reflexive body techniques; then, the links between a life course perspective and each of the two aforementioned concepts in turn.

#### 3.5.1 Connell's Gender Order and Reflexive Body Techniques

Connell (1987, 2009) identifies gender as identities and practices that are represented in the body - so, she emphasises both gender identity and the doing of gender, at the same time. Drawing on Kosik, Connell (1995, p. 65) regards the body as a site for representing gender by highlighting the onto-formativity<sup>15</sup> characteristic of gender, which means gender practice is both constituted by, and itself reconstitutes, structures. This process shapes the social reality of gender practice from Connell's (1995, p. 239) view point.

In other words, since bodies have both material and social elements to them, their changes and trajectories through time are influenced by institutions, economic relations and cultural symbols (Connell & Messerschmidt, 2005, p. 852); but, simultaneously, bodies have agency. For this reason, "*bodies are both objects of social practice and agents in social practice*" (Connell, 2002, p. 47). On this basis, actively part of a historical process, bodies exist in

---

<sup>15</sup> Onto-formativity refers to human being as an agent that forms the *continuous shaping of everyday reality* through her practice (Connell, 1995, p. 229).

interaction with social structures - what has been called by Connell (2002, p. 47) “*social embodiment*” or “*body reflexive practice*”. This process shapes new structures, structures which, again, address bodies.

Similarly, Crossley (2006, p.1) points out the role of bodies as both object and subject of a social process, doing so by addressing the reflexive body techniques of agents and emphasising the combination of identity and bodily practice. Moreover, he indicates that these practices are closely related to gender relations by dividing them into three different clusters on a scale of cultural ‘normality’ (based upon statistical prevalence in society) (Crossley, 2005, p. 16). Additionally, Crossley (2005, p.28) points out reflexive body techniques can be internalised and become habitual for some actors. This resembles with the Connell’s notion of cultural consent.

On this basis, Connell’s concept of the gender order and Crossley’s reflexive body techniques clearly have common ground; but there are also differences of focus and emphasis (Connell’s general framework emphasises gender and sexuality while Crossley places stress on bodily practice), which makes the combination of these two concepts the best approach for exploring embodied ageing and gender in the life course of menopausal women, and their sexual experiences.

### *3.5.2 Connell’s Gender Order and Life Course Approach*

From Connell’s point of view, gender is modified subjectively by individuals through the process of interplay between socio-cultural structure and individuals’ agency within a historical process. In other words, the gender order shapes and is shaped by a constant process of negotiation, translation,

and reconfiguration in the individual's trajectory. Connell (1987, 1995) considers gender and cathexis (as opposed to labour) in the process of constant shaping and re-shaping through time. It follows then, that considering gendered processes by undertaking a life history approach that pays attention to the individual's trajectory is consistent with Connell's gender order theory.

Indeed Connell (1995, p.89) adopts a life course perspective in her book *Masculinities*, aiming to explore gender as a “*project and a unification of practice through time*” in order to highlight the continuity, rather than divisions, of gender. In this context, Connell and Messerschmidt (2005, p.848) highlight the worth of employing a life course approach to explore the central role of women in constructing masculinities and femininities.

Power, cathexis, the symbolic and labour, four key elements of the gender order, are coherent with the life course perspective. Connell (1987, 2006; Connell & Pearse, 2015) recognises power as not only involving institutions but, more importantly, as imposing itself through culture and cultural consent. By identifying the notion of cultural consent, Connell focuses on agency and the reflexivity of individuals around gender identity and sexuality (including sexual and emotional relations – known as cathexis). This too is consistent with a life course approach and underlines individuals' agency in their life trajectories.

Moreover, a life course approach and Connell's gender order concept can connect the biological and socio-cultural elements of this study efficiently with regard to the sexual experiences of menopausal women as both a

biological and sociological phenomenon; I argue that menopause is both a natural and social phenomenon.

Thus, both a life course/biographical approach and the notion of gender order view gender and sexuality as comprising a multi-dimensional lifelong process that shapes and is shaped through the interactions of individuals within socio-cultural structures. This makes them compatible and also suitable for this study.

### *3.5.3 Life Course Approach and Reflexive Embodiment*

Crossley (2005, 2006, 2007), by illustrating reflexive body techniques, maintains the reciprocal relationship between body, mind, culture and social structure. He conjures up the reflexive process to clarify the project of constructing and deconstructing of body through the agency of individuals in their socio-cultural context. Additionally, he considers both materialistic and non-materialistic elements are crucial in this process.

A life course perspective also offers a multidimensional approach, connecting nature to society and individuals to social context. Thus, this perspective, together with the concept of reflexive body techniques, looks at individuals' practices in a social sense. Both are anti-structuralist, anti-individualist and anti-essentialist, and can analyse the order and pattern of social life while still allowing for individuals' agency through their reflexive body responses.

The other link between these two approaches is their emphasis on cultural and historical structures as a significant factor in shaping individuals' lived experiences. Consequently, they view individuals' agency as a practice



embedded in social interaction through time. Together they can emphasise the continuity of gender and sexuality, and their constant negotiation in embodied social contexts; together they are conducive to conceptualising embodiment, ageing, gender and sexuality in this research.

### **3.6 Conclusion and Summary**

This chapter has elaborated the theoretical framework of this biographical life history research in which interactionism and practice theory are combined (in the form of Connell's gender order and Crossley's reflexive body techniques) with a life course approach. I have also detailed certain conceptual assumptions shared by these different aspects of my framework – namely, a common concern (albeit with differences of accent) with reflexive embodiment, gender and sexuality as an ongoing process in an individual's everyday life, and the agency of individuals embedded in social practices (meaning agents have a duty to acknowledge their role in and impact on society). Through the lens of this framework, and the assumptions that underpin it, I aim to explore the subjectivity of Iranian Muslim menopausal women's sexual experiences and their understandings of the social world.

To recapitulate my arguments, a biographical life course approach, by overcoming dualism, allows me to scrutinise the transformations in both identity and body that occur during menopausal women's life histories, and their reflexive agency in creating their gendered and sexual experiences. It also facilitates a linkage between early sexual life and gendered experiences to later sexual life, and to the outcomes of gendered experiences after menopause.

Similarly, Connell's conception of the gender order offers resistance to essentialism and constructionism, and an understanding of gender and sexuality as fluid and in the process of 'becoming', epistemological assumptions that underpin the conduct of this research. By comparing Walby's theory of patriarchy with Connell's concepts of hegemony and gender order, I have identified that the latter approach, with its emphasis on cultural consent and individuals' agency, life history and trajectory is the appropriate one for my research. Moreover, conceptualising embodiment as a reflexive set of actions, and considering the body as lived experience, employing Crossley's reflexive body techniques enables me to explore the bodily practices of menopausal women through a gendered lens in the different stages of their life course - including exploring the body as a site of reflexive reaction to power. Thus, my theoretical model, in combining these three approaches, aims to contribute to existing theories of gender, sexuality, and embodiment by attempting to develop a new perspective to explore the sexuality of Iranian Muslim menopausal women. Having established the core conceptual assumptions and theoretical model, the next chapter returns to my research questions, more specifically explaining how the biographical life history approach enables me to best address them.

## **4. Methodology**

#### **4.1 Introduction:**

This chapter will identify the methodological approaches involved in my research. As elaborated in Chapters 2 and 3, this study conceptualises menopause and sexuality in terms of the meaning making for the individuals involved, and the impact of the broader socio-cultural context on these meanings. Accordingly, the research considers the sexual lives of religious<sup>16</sup> menopausal Iranian women and tracks the ways in which these women preserve practices of critical agency in milieux structured by masculine power, by deploying a biographical life history perspective (Connell, 1995; O'Neill, Roberts & Sparkes, 2015). The chapter is divided into three main sections. The first discusses in detail my elected method, and the methodological and epistemological issues underpinning the choice of in-depth biographical narrative interviewing. The second section, meanwhile, addresses the matter of positionality, discussing my status as researcher while conducting the interviews and the significant factors involved when negotiating power with participants in terms of 'insider/outsider' positioning - as an Iranian woman, living and educated in the West, researching religious women in my home country. The third and final section describes and considers the practical business of doing the research –before, during and after interviews.

#### **4.2 Methodology Matters:**

Different methods are used to achieve different types of data, and to reveal different kinds of knowledge. For example, feminist researchers consider that the methodology they employ should act as a tool to achieve a very concrete

---

<sup>16</sup> Believing in Shia Islam

goal, the empowerment of the women involved. They refer to methodology as the study of methods, and not simply as denoting specific techniques (Cook & Fonow, 1986, p.3). There is, then, not just one single method which can be applied to feminist research (Ackerly, Stern & True 2006, p. 21; Reinharz, 1992, p.243).

Greener (2011, p.5), likewise, defines methodology as studying methods and comparing the kinds of knowledge that these methods can produce. Bryman (2004, p.4) acknowledges that the difference between social research methods lies in their various perceptions, and that “*methods are not simple neutral tools*”. Every research method, rather, is informed by its epistemology (the nature or the theory of the knowledge it is aiming to produce (Greener, 2011, p.4)), which is closely tied to ontology (the nature or the theory of being, or what can be said to exist within and as the focus of the research (Greener, 2011, p.6)). The research methodology, then, is the strategy used to approach particular research questions, according to the researcher’s ontological and epistemological perspective. Nevertheless, every method has its specific implications and limitations. Therefore to design and conduct this research, I have considered the most appropriate way of approaching the research questions.

#### *4.2.1 Qualitative or Quantitative Research*

This thesis aims to understand the sexual lives of Iranian Muslim menopausal women *from their point of view*; the crucial elements of my study are the notion of *culture*, and, in this context, an understanding of the *meanings* that women apply to their menopause and to their sexual experiences, particularly during menopause. Accordingly, I have employed a

methodological approach commensurate with, and tailored towards, these interests, that of sociological qualitative research. More specifically, I have adopted a biographical life history interviewing method. Indeed, Denzin and Lincoln (2013, p.17) claim that the word 'qualitative' indicates a concern with research questions that place emphasis on how social experience is created and given meaning. This is in contrast to quantitative research that focuses on measuring amount, intensity or frequency, and the relationships between variables.

Another reason for adopting such a methodology follows from the sensitivity of the research topic - the sexual lives of menopausal women in the context of an Islamic country, Iran. Qualitative research is the suitable approach for sensitive topics for three reasons: First, as Marquis, Marquis and Polich (1986) suggest, it involves prolonged contact with research participants, which leads to establishing a sense of trust, a significant factor when conducting research that seeks to understand feelings and emotions. Second, since there is a gap in the existing empirical research on menopausal women (see Chapter 2), precisely because of its sensitive nature, my research allows the participants to narrate their lived experiences in their own words. This is not only with the intention of gaining richer data, but also achieving a new perspective on an area of social life in respect of which little has been hitherto known - and so enabling women's voices to be heard. Third, gender, the body and sexuality cannot be, in this research, reduced to only biological, psychological, social or cultural factors, and all of them are together very significant. Cronin, Ward, Pugh, King and Price (2011) highlight the importance of attention to individual narratives instead of

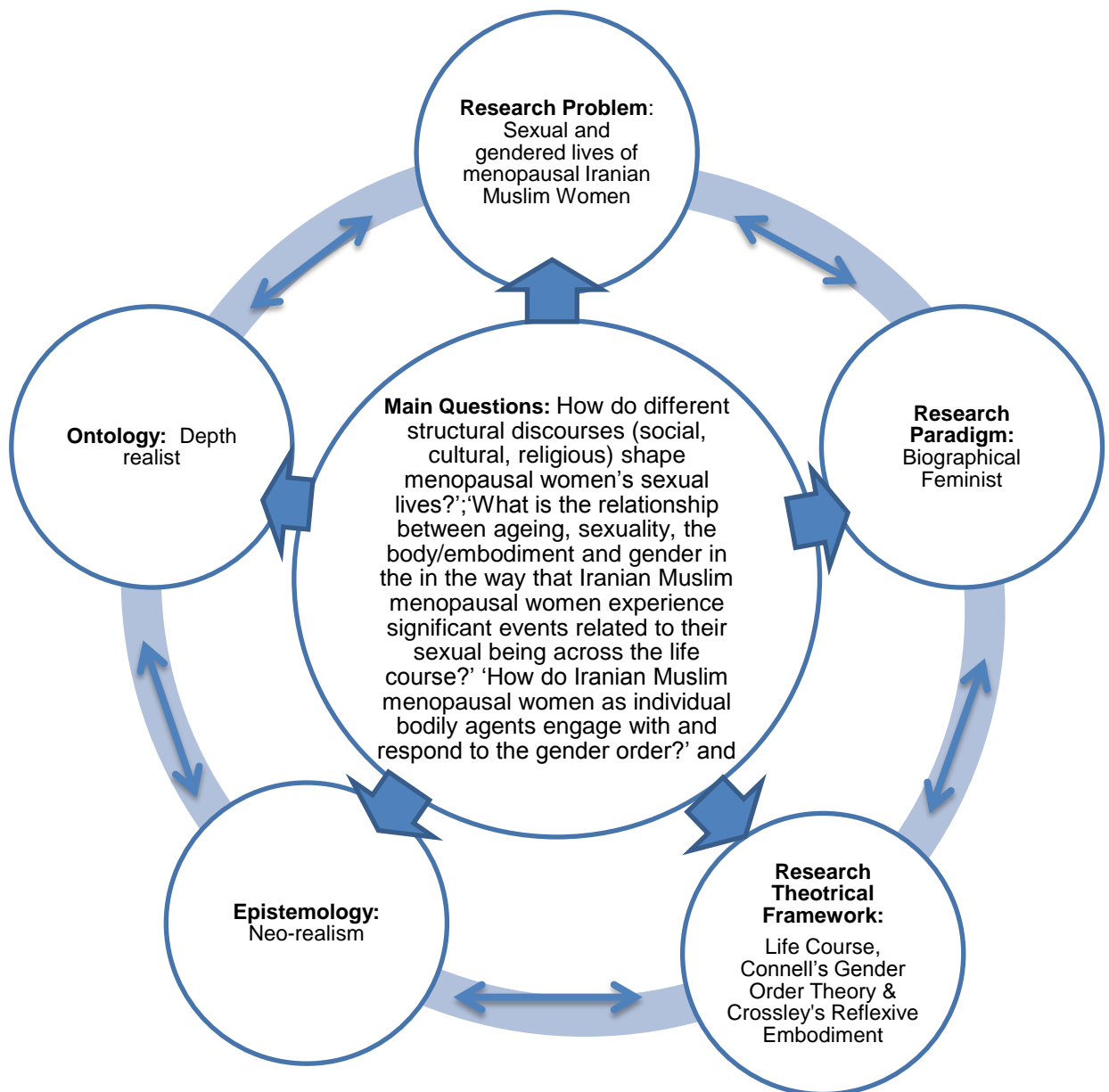
categorising them in fixed and immutable groups in order to scrutinise complexities. So, qualitative research that gives the researcher a holistic window through which to consider all of these factors, in order to explore the fundamental assumptions of the context of the research, is the appropriate approach.

Furthermore, as discussed in Chapter 3, I have employed a biographical life course perspective, which places emphasis on transitions and the dynamic complexity of the individual's life. With this principle in mind, and considering women's sexual lives as a trajectory in their life courses, I argue that events and behaviours in earlier sexual life can have a remarkable impact on later sexual life. In other words, what happens in childhood, and/or the earlier years of womanhood, influences a woman's sexual life during her menopause and the meanings she attaches to these experiences. By conducting qualitative research, and particularly life history interviews, I have been in a position to link and understand different stages of women's sexual lives.

To summarise, this thesis is based upon a qualitative methodology because it aims to see the world through menopausal women's life histories in order to understand the lived sexual experiences of these religious women in the Iranian Muslim cultural context, to analyse the concepts and language they use to 'make sense' of their sexuality, and to explore the effects of different events during and upon their life courses (for instance, with concern to sexual attitudes, behaviour, and relationships). Importantly, this focus upon context - structural and discursive, as well as biographical – for understanding experience and agency means that my approach here is

underpinned by certain epistemological and ontological assumptions that can be characterised as realist (e.g., Blaikie, 2007; Bhaskar, 1978; Connell 1987, 2009): that is, as denoting those aspects of social reality that exist independently of any one individual (See Gender section in Chapter 3). These external factors find their visibility in the definite elements of commonality that exist across different interviewees' life stories. Moreover, by interviewees speaking - in the terms of their lives - about particular gendered social institutions, such as those of production (Connell, 1987, 2009; also see Chapter 3), the role of power relations in shaping women's subjective realities is thus revealed. The following chart, adapted from Blaikie (2007, p. 27), summarises my methodology:





**Figure 3: Summary of Methodology adapted from Blaikie (2007, p7)**

#### *4.2.2 A Feminist Research Paradigm: Biography as Personal and Social:*

My realist ontological and epistemological perspective, together with the research questions and the research strategy, position my study relative to a specific research paradigm - the feminist paradigm. One of the foundations of this study is gender; more particularly, I am interested in identifying power in respect of the socio-cultural structures of Iran and how they shape the lived reality of gender and sexuality for menopausal women, as well as highlighting these women's feelings and emotions concerning what is an often-neglected part of their social experience.

To do so, I have adopted a methodology (a biographical research approach) that is suited to the task and not at risk of producing 'gender-blind' knowledge (in which data about women's lives is treated in abstract or masculine terms; see Ackerley, Stern & True, 2006, p.1). This commitment to biography is key to producing feminist knowledge in which the specificity of individual experiences (including sexual experiences) is given due attention while also being connected to broader, socio-cultural realities (for instance, those of the gender order, to use Connell's terminology) that may impede, enable and provoke women's expressions of agency (Lennon & Whitford, 1994).

To elaborate, Cook and Fonow (1986, p.2; 2014) highlight five characteristics of feminist research: 1) paying attention to gender relations; 2) using feminist consciousness as a methodological tool in order to uncover patriarchal dynamics of everyday social practices; 3) challenging the dichotomy of subject (researcher) and object (researched) by emphasising reflexivity and creating a space for listening carefully; 4) focusing on the feminist ethics of

the research in order to explore the lived experiences of women, so as to elucidate the parts of experience which have typically been neglected; and 5) giving women a voice to construct a new knowledge in order to challenge patriarchal structures.

By exploring the sexual lived experiences of menopausal women, my research has placed emphasis on the identification of gender relations, and gender domination and subordination, specifically in the sexual arena during menopause (This is consonant with the feminist argument that studying women's life stories, and seeking to understand their experiences, can reveal the androcentric structure of society; Geiger, 1986). It has also aimed to shed light on perhaps the most neglected part of these women's life histories and, by employing a biographical narrative approach allowing women to narrate events from their own point of view.

Yet, it is important to note that the aim of empowerment in this research should not be conflated with a hierarchical situation between researcher and participant, where the researcher is viewed as an omniscient expert and the participants as learners. Rather, this research creates a space for participants to speak so their voice can be heard, and also gives them the opportunity to re-evaluate their life stories/histories (see 'The role of authenticity' and, later, 'Doing the interviews' for discussion of how this occurred in practice). This is in the context of my striving to be a reflexive partner (or a '*conscientizer*'; Blaikie, 2007, p.12), in the manner of which participants' realities (their subjective interpretations and perspectives) are placed at the centre of the study.

To summarise, in terms of the appropriateness of using feminist biographical approach for this research, I refer to the topic, aims, theoretical framework and the method of the research. Firstly, the topic concerns gender issues and women's experiences, and endeavours to gain awareness about women's sexual lives and understandings of their menopausal experiences. This research places emphasis on the identification of gender relations, and gender domination and subordination, specifically in the sexual arena during menopausal time which makes feminist research an appropriate approach.

Secondly, the fundamental goals of this study are consistent with feminist research. The significant aims are to: explore menopausal women's feeling and emotions, and generate knowledge from what women claim of their lived experiences, and to gain an understanding of their sexual lives during menopause. At the same time, this research provides a space for the women, who participated in this research, to give voice to the invisible, a marginalised group of women (menopausal women) in the chosen area. Therefore, the research is not only about women, but is chiefly for women by improving women's status. It is to make visible the past and present marginalisation of women.

Thirdly, this research, by considering the gender order and reflexive embodiment, endeavours to shed light on the bodily practices of menopausal women in order to highlight the influence of gendered structures of the society and the way that women respond purposefully to these structures by practising reflexive body techniques. Accordingly, since the theoretical framework of this study identifies the power which shapes the gender order, it is compatible with feminist research.

Finally, employing a biographical life history narrative in-depth interview as a research method, allows the women who participated in this research to narrate their own stories from their own points of view. This method ensures that participants are made the subjects, and not objects, of research and knowledge that is produced which is one of the important elements of the feminist paradigm. Thus, by regarding these issues, this research can be clearly described as research employing a biographical feminism paradigm.

#### *4.2.3 The Role of Authenticity:*

How, though, have I determined that my study has exercised rigor and care, both in its production of knowledge and its treatment of the research participants? How can I be sure I have produced authentic data through biographical interviewing? Certainly, it is true to say that the traditional quantitative criteria of reliability and validity are not applicable to the assessment of qualitative research (Glaser & Strauss, 1967; Lincoln & Guba, 1986; Smith, 1984) – and that authenticity can be argued to be a more appropriate criterion (e.g., Lincoln & Guba, 1986; Sparks & Smith, 2009; Seale, 2009). To elaborate this notion of authenticity, however, and so more fully consider the fairness and rigor of my study and its data, I refer to four main criteria: i) “*ontological authenticity*” (developing an understanding of the phenomenon); ii) “*educative authenticity*” (paying attention to the participants’ point of view); iii) “*catalytic authenticity*” (stimulating some forms of action); and iv) “*tactical authenticity*” (empowering the participants) (Seale, 2009, p.469).

In this context of authenticity, within a biographical research approach, Sparks and Smith (2009, p.496) claim that the researcher needs to have a

“*connoisseur’s eye*”, which means “*to listen carefully and grasp what is being expressed even in different traditions*”. They highlight that the researcher should be open to new ideas without prejudice and let questions raised during the course of research inform their own questions.

In this research, I have endeavored to fulfil these criteria of authenticity in different ways. In the first instance, I have always aimed to listen carefully and pay attention to all details and hints before and during interviews, in order to be open to participants’ own meaning making - that is, to have a “*connoisseur’s eye*”. I paid particular attention to not only what the women said but also their gestures and body language. These were crucial in expressing their emotions, and useful in improving my understanding of the phenomena of sexuality and menopause from the participants’ points of view (see ‘After the interview, and the issue of saturation’).

Since one of my key aims was to conduct interactive social scientific research, I was precisely interested in and respectful of each participant’s point of view (“*educative authenticity*”) when conducting interviews. The participants could talk about whatever they wanted to, and at their own pace. They could ask questions of me as the researcher and even challenge the research topic (I discuss this in more detail in my ‘Insider/outsider’ section). Additionally, the start and end time of the interview was the interviewees’ decision. (Also see ‘Doing the interviews’.)

Furthermore, this research, by employing a life history approach, has given the participants the opportunity to re-evaluate their life stories/histories. For example, Anis (pseudonym), 50-years-old, when narrating her story of

'gender discovery' (Chapter 5, 'Childhood'), and why she did not recognise it first in the difference between her sexual organs and those of her brother, claimed that the research posed a challenge to her in allowing her to re-evaluate her life story. This challenging could lead to "*catalytic authenticity*" and "*tactical authenticity*".

#### 4.2.4 Biographical Research Approach:

Biographical methods (Hammack & Cohler, 2009) are rooted in a long and diverse genealogy from a focus upon a single life story to encompass autobiography, archival and multimedia and arts based research using creative and performative methods (O'Neill, Roberts & Sparkes 2015, p.1). Connell (1995, p. 89) explains that life history gives rich understanding of personal experience but can also relate it to social conditions, thus she describes biography as being "*literally history*". In the same vein, Roberts (2015, p.11) defines biographical research as an approach which by employing a wide range of methods like oral history, life story/history, forms of narrative, literary biography, and auto/ethnography aims to link individual's daily life experiences to the structures of society:

*"Biographical research seeks to investigate individuals' daily life experiences and their past and future perspectives, using a variety of materials and interpretive approaches"*

Hence, a biographical approach, by using various methods shed lights on the relationship between biographical, personal and collective or social issues (O'Neill, Roberts & Sparkes, 2015, p.1).

Similarly, by employing the biographical life course method (O'Neill, Roberts & Sparkes, 2015) and focusing on the narrations of individuals' life histories, I

endeavour to gain an insight into the social and cultural structures which produce the sexual lives of menopausal women, individually and collectively through different stages of their life course within a specific context (Iranian and Muslim). In this way, I can emphasise the relationship between social structures and power, and women's bodies and sexuality, through the analysis of individuals' lives.

#### *4.2.5 Why Biographical Research?*

My motivations for employing biographical research were three fold: firstly, it is thoroughly compatible with feminist paradigm. Secondly, it is in congruence with the theoretical framework of this thesis and finally, it is the most appropriate approach to answer the research questions. In the following part of this chapter, I discuss.

##### 4.2.5.1 Biographical Research Approach is Compatible with Feminist Paradigm

As O'Neill, Roberts and Sparkes (2015, p. 1) make clear

*"The biographical researcher focuses upon the ways, in which narratives are constructed and reconstructed in response to social contexts, as well as psycho-social mattering and internal dialogues".*

By employing a biographical research approach, the researcher can explore the socio-cultural context through women's narratives while, at the same time, researching women's feeling and emotions, which is regarded as one of the peculiarities of a feminist approach (Lennon & Whitford, 1994). The biographical research method has the capacity to create a space for understanding women's experiences and emotions through their spoken narratives. By generating first-person narratives, biographical research seeks



to understand individuals' feelings from their points of view. So, by employing a feminist paradigm and biographical research approach, I can present the menopausal women's sexual lives as fairly as possible which strengthens the authenticity of the research.

Feminist researchers contend that studying women's life histories/stories and understanding women's experiences leads the researcher to reveal the androcentric structure of the society. Additionally, it can disclose the similar conditions which have encompassed women regardless of their culture, class, race, ethnicity, or religion (Geiger, 1986, p.348).

Moreover, both biographical research and the feminist paradigm provide a space for participants to construct new knowledge based on their experiences through speaking women's 'own' narratives. Biographical research is of noteworthy benefit to this research, which highlights the effects of the social context on the sexual lives of menopausal women, through their narratives, and the meanings which they give to them. By employing a biographical research approach, I can gain knowledge of the women's experiences and voices, and analyse the narrations of these marginalised women.

In summary, feminist research and biographical research method are effectively compatible as both emphasise reflexivity, understanding the issue from the participants' points of view, and challenging the dichotomy of subject and object in research.

#### 4.2.5.2 Biographical Research Approach is Compatible with the Theoretical Framework of This Research

The three key theoretical approaches and the epistemological perspective informing this research are based on Connell's gender order (1987, 2009), Crossley's reflexive embodiment (2001, 2006, 2007) and life course approach (Connell, 1995). Connell has made a remarkable contribution to biographical research and maintains (Connell, 1995, p.89) that life histories can provide rich data of personal experience, subjectivity (micro level) and social structures (macro level) especially in gender analysis (Connell, 2010). She also emphasises that life histories clarify:

*"the project that is documented in a life history story is itself the relation between the social conditions that determine practice and the future social world that practice brings into being"* (Connell, 1995, p.89).

Connell (1995) indicates that by utilising a biographical research approach, through exploring individual narratives, the researcher can analyse the socio-cultural structures which have constructed them, and so reconfigure the future social world. Furthermore, a focus on biography has allowed me to consider the ways in which the sexual lives of menopausal women are influenced by socio-cultural realities at different stages of the life course (during childhood, for instance, with implications for experiences during menopause; see, for instance, Carpenter and DeLamater 2012, who believe that specific life events can have a significant effect on sexual scripts). Finally, biographical interviewing, as well as being compatible with my focus on the gender order and a life course perspective (as per this study's theoretical framework; see Chapter 3), is also a method consonant with an interest in *embodiment* with regard to sexuality and the menopause –

viewing ‘the body’, as I do, as representing the intersection between individual and society, between agency and structure (Crossley 2001, 2008; Jackson & Scott, 2007, 2010, 2015; Nettleton & Watson, 1998). The bodily changes that accompany menopause always carry cultural meaning, and narrative, from my perspective as researcher, can reveal these gendered meanings (Andrews, Squire & Tamboukou, 2013; Hyden & Brockmeier, 2008).

#### 4.2.5.3 Biographical Research is an Appropriate Paradigm for This Research to Answer the Research Questions.

The Biographical Research approach, by using different tools, examines the individuals’ lived experiences in order to relate them to socio-cultural structures. As discussed above, this thesis has sought to answer these research questions: ‘How do different structural discourses (social, cultural, religious) shape menopausal women’s sexual lives?’, ‘How do Iranian Muslim menopausal women as individual bodily agents engage with and respond to the gender order?’ and ‘What is the relationship between ageing, sexuality, the body/embodiment and gender in the way that Iranian Muslim menopausal women experience significant events related to their sexual being across the life course?’

By utilising a biographical approach and hearing the women’s narrations and their life stories, I have taken the opportunity to understand the lived experiences of women, and so can relate their individual biographies to their socio-cultural structures. Riemann (2003,p.4) supports this contention, when he declares that biographical research can sensitise social researchers to the heuristic possibilities of this perspective, and produce critical insights into

interactions between individuals and socio-cultural structures (O'Neill, Roberts & Sparkes, 2015, p.2). Hence, to explore the relationship between social structures and power, and women's bodies and their sexuality, through the analysis of individual lives, the biographical research, which combines both the macro and micro levels, is an appropriate method.

Moreover, biographical research, by undertaking a holistic approach has the capacity to combine biology, psychology, social and cultural dimensions, which is the other aim of this study. Miller (2000, p.8) indicates that the distinguished particularity of biographical research is its holistic approach which leads to breadth of coverage.

Since one of the goals of this research is to explore the ways in which menopausal women make meanings of their menopause and their sexual experiences from their point of view, biographical research is appropriate for addressing these research questions. Roberts (2015, p.11) explains that biographical research explores individuals' experiences, and their meanings as well as the process that has shaped them within their ordinary lives.

Furthermore, by employing biographical research, I can link individuals' agency (one of the important element of this research) to their socio-cultural structures in everyday life (King & Roberts, 2015). Biographical research enables individuals to narrate their own stories by developing a space for dialogue between the researcher and the participants, which can lead them to establish the craft of creative listening and understanding (O'Neill, 2015). Therefore, biographical research method and the feminist paradigm from a depth realist ontological perspective and neo-realist epistemological

perspective have been employed in this research in order to address the research objectives.

#### *4.2.6 Biography as a Source of Authentic Data*

Talk of ascertaining another person's meaning making is not without potential problems. Is life history always transparent? For instance, Bourdieu (2000,p.298) has argued that although the significant aim of biographical research is to give meaning to the individual's social practice through time in the context of socio-cultural structures, this meaning cannot be created by the selection of a few important events and then constructing the link between them to understand the overall purpose. This kind of practice on the part of the biographical researcher he calls an "*artificial creation of meaning*". He highlights that it is not possible to consider life as a history with a coherent narrative of crucial events, and if a researcher produces such a life history it is nothing except "*rhetorical illusion*".

However, Truc (2011, p.157) argues that Bourdieu, in a similar manner to Durkheim, has adopted a structuralist approach, which reduces the human being to a social being. Truc (2011) provides three reasons to challenge the idea of biography as "*rhetorical illusion*": firstly, as the individuals narrate their own stories, they are the agent of their narrations, rather than objects of the researcher as Bourdieu claims. Secondly, an individual's identity can only be shaped through being a character of one's own life story, and it is in this way that the researcher can recognise the similarities and differences between individuals. Thirdly, by employing narratives, the sociological researcher can pay attention to human plurality and agency. Hence, the findings of biographical research are not only not a "*rhetorical illusion*", but

they also pertain to the authentic life story of the storyteller. Finally, although there is a tension between the real and the fictive, drawing upon Connell's gender order concept (1987) which emphasises individual agency, gendered biography cannot be illusion since individuals make and perform their stories through negotiating power. Furthermore, regardless of how gender and sexuality are constructed, gender discrimination and oppression exist in social reality and are experienced in people's lives (Crawley, Foley and Shehan, 2007). Thus, not only are their stories not artefact but they are also social facts constructed through the interactions between gendered socio-cultural structures and agency of 'real' individuals.

#### *4.2.8 Menopause as a turning point moment*

As explained in Chapter 3, menopause can be considered as representing a particular 'turning point' in women's lives (a "*major event*" in Denzin's 2001 typology; see below), and this has not only psychological implications but socio-cultural ones too – affecting a woman's gender role (as no longer 'reproductive') and her interactions with others, including her husband (see Mandelbaum, 1973, p.181).

Life history is about the life of individuals, and the life is the trajectory for distinctive moments, events and incidents. Some of these events are very crucial and powerful and have considerable influence on the entire life course, possibly even reforming the life trajectory of the individuals. These are significant points which have been called by Denzin (1989, 2001) epiphanies or turning points and can reshape the individual's life. Denzin (2001, p.145) explains:

*“Epiphanies are interactional moments and experiences which leave marks on people’s lives...Meaningful biographical experience occurs during turning point interactional episodes. In these existentially problematic moments, human character is revealed and human lives are shaped, sometimes irrevocably”*

By highlighting that biographical narrations can be formed around these epiphanies or turning points of the storyteller’s life, Denzin (1989, 2001) concludes that analysing the structures of these moments is essential as they can change the essential meaning of structures in an individual’s life. He ascribes epiphanies or turning points to four types: the major event, the cumulative or representative event, the illuminative or minor event and the relived event.

The major event represents moments that have instantaneous and long term impact and thus impress every part of the individual’s life. The cumulative is the reactions to events whose marks spread out over a long period of life. So, it is not just a moment. Rather, it is *“the result of an accumulation of past experiences that culminated in a single moment”* (Denzin, 2001, pp.145-146). Illuminative refers to minor events but symbolically represents the major problematic moments. Finally the relived is about re-living the events retrospectively since the attached meanings have later effects on the individuals (Denzin, 2001, pp.145-146).

As I discuss in findings chapters (5, 6 and 7), from the biographical research perspective, through women’s narrative analysis, menopause has emerged as a transition point or a *“major event”*, in women’s lives.

### 4.3 Reflexivity

An important factor in qualitative research is reflexivity. This means being sensitive to the mutual effect of the researcher (e.g. her values, behaviours, and gender) and the process of data collection, and, in turn, how this experience of the research process exists in interplay with the analysis and writing up of data (Mays & Pope, 2000, p.52). It is also about the power relationship between the researcher and the participants, and the researcher's consciousness about this interaction.

In this vein, Bourdieu (1999, pp. 607-608) argues that it is essential to consider explicitly the various effects of the researcher on the participants during interviews – especially as the researcher might be unconscious about these effects. Additionally, he emphasised that the difference between the positivist researcher and other 'types' is one between a science which does not acknowledge such effects (and dreams of being a "*perfect innocent science*") and a science which is aware of these effects and endeavours to explore and control them as much as possible, acknowledging these effects are inevitable. Bourdieu (1999, p.608) clarifies that reflexivity is:

*"Based on a craft, on a sociological feel or eye, [and, importantly, it] allows one to perceive and monitor on the spot, as the interview is actually taking place, the effect of the social structure within which it is occurring."*

Indeed, O'Neill (2015, p.75) underlines that the conditions and structures in which the qualitative interview method occurs have a strong influence on the social interaction between researcher and the participants. Conducting my fieldwork among religious menopausal women in Iran, as an Iranian woman myself who has been educated in a Western country raised the question of



the position of myself as a researcher undertaking biographical life history research. The style of qualitative research I have conducted is informed by my feminist and social justice principles, involving emphasising non-exploitative, non-hierarchical approaches to participants. Thus, exploring the relationship between me, as a researcher, and the participants forms an essential part of the research.

The next section will discuss my consciousness of power relations during the interviews and how I have sought to confront the attendant issues. Moreover, I aim here to explain how power is created and subsequently shifts and is negotiated between the interviewer (me) and interviewee throughout the course of conducting a life history interview, drawing on Bourdieu's theory of habitus, and his notion of different forms of capital, to do so.

#### *4.3.1 Exploring Insider/Outsider Dynamics: Habitus and Capital in the Field*

As an Iranian woman conducting interviews with religious menopausal Iranian women in Iran, the matter of how I am positioned as researcher relative to my participants has been important to consider. Specifically, this issue of positionality speaks centrally to debates about being an "insider" or an "outsider". From one perspective, since my gender, nationality and sexual orientation were the same as the research participants (and my biography held similarities); I entered the research field as an insider. These shared characteristics gave me a lived familiarity with my research participants (Griffith, 1988, p. 361). Yet, I found that at the same time I was an outsider (not an actual member of the specific group under study) because of my different social status, lived experience as a doctoral student at a British (i.e. Western) university, my marital status and being younger. Thus, I had a

different set of “*capital*” at my disposal, using Bourdieu’s (1984, 1990) terminology and the question of my position in this biographical life history research is thus raised.

To articulate my social interaction with the participants and the insider/outsider dynamics involved, it is necessary to describe the relevant characteristics of both the researcher (myself) and the participants. All the participants were menopausal women and were more than 45 years of age at the time of interview; this means they were all older than me. Iranian culture treats older people with high respect and gives them high priority in the family. For instance, if an older person enters a room, younger people must stand up to show their respect. Thus, interviewing women who were older than me was the first challenge of my study, as they might hesitate to narrate their sexual life for a younger person, and so maintain a ‘safe distance’, in order to protect their high status. In addition, due to belonging to the same culture, it was very difficult for me to ask the older women very sensitive questions (not least concerning their sexual relationships); since I was worried I would be regarded as a ‘rude’ person who does not heed ‘cultural values’. This made my age very crucial in the research process.

Moreover, the participants were religious women who practised Islam and I gained access to them through attending their religious classes, which were held in Iran (see ‘Recruitment of the participants’). In contrast, I am a younger woman who has been educated in a Western country, moreover living there alone. It is possible, even likely, that participants would presume that I have been affected by ‘Western culture’. These are important issues to think about. By drawing upon Bourdieu’s theory of *habitus*, I aim to explore

the process that shaped data collection according to my biographically unique position in respect of Iranian Muslim socio-cultural structures.

As I stated in my literature review (Chapter 2, pp. 16-17), Bourdieu's theory of habitus identifies a central interplay between the body and society. He articulates (1990, p. 53) that habitus is:

*“A system of durable, transposable, dispositions, structured structures predisposed to function as structuring structures, that is, as principles which generate and organise practices and representations.”*

Although society can shape individuals' actions, actors have agency at the same time, and can present it in the form of habitus. Habitus is the position of individuals in society according to their understanding of the socio-cultural structure. Crossley (2001, p. 94) argues that habitus functions like an underlying “*grammar*”, which determines the framework but, also, allows innovation of its users. Similarly, Painter (2000, p242) clarifies that habitus is the “*mediating link*” between socio-cultural structures (social determination) and individual agency. In other words, it is the internalisation of the individual's history and social norms.

In order to situate habitus, Bourdieu develops the concept of ‘field’, which is the social structure existing in mutual relationship with the habitus and the practice of actors (Bourdieu and Wacquant, 1992, p. 97):

*“A field is a distinct social space, consisting of interrelated and vertically differentiated positions, a ‘network, or configuration, of objective relations between positions”*

Bourdieu (1984, p.101) formulates the relationship between these concepts in the following way: “[*(Habitus) (Capital)*] + *Field* = *practice*.” ‘Capital’, from Bourdieu's perspective, refers to all of the resources with exchange value in

various fields (Crossley, 2001, p.96), i.e. the set of artefacts and actions that maintain some form of worth within a specific social context. For instance, *cultural capital* is an embodied state of non-financial assets that can promote social mobility, while *social capital* refers to the cultural resources a person has based on their networks and group membership; finally, *symbolic capital* can explain one's prestige in a given social group (McCormack, 2014, p. 134).

Thinking about my own capital (social, cultural and symbolic) in this research, my background is in midwifery, and I had been a member of staff in a hospital in Iran for more than six years. "*Cultural capital*" includes, in Bourdieu's (1984) view, qualifications and education; so in this case, being a midwife, for me, can be regarded as a form of cultural capital. Since, trusting a health care worker, especially a female midwife, makes it relatively easy for women to talk about their sexuality; my cultural capital allowed me to build a trustful relationship with the participants and thus made it easier for them to narrate their sexual biographies than might have been the case with a researcher of a different occupational background. Thus, having midwifery knowledge has enabled me to consider menopause and sexuality as both biological and socio-cultural concepts, which had a positive effect on this study in being able to gain richer data.

Moreover, participants' educational levels varied greatly, from being illiterate to (in the case of one interviewee) being a medical specialist. This shaped the power relationships between me and the participants in various ways. When a participant's educational level was lower than mine (especially when they did not have a university degree), they typically hesitated to narrate their

life stories, as they considered their stories 'worthless'. On such occasions, I reminded them of the crucial role these stories play in my research, emphasising that their narratives are invaluable sources of knowledge for studies such as mine that are precisely focused on women's everyday lives; I added that, by contributing in this way, they can only be strengthening the project. For instance, Zohreh (pseudonym), who was 47-years-old and had a high school degree, started her interview by asking me:

*Zohreh: "I don't have a good education, so I don't think that I can help you; I don't know how I, an uneducated woman, can be helpful for you and your academic research. I can only tell you about my life, is this enough for you?"*

*Elham: "Yes, I like to know exactly your life story. My research is about your life story, so it's very important for me to know it. Without your life story, I can't do my research, so, to tell the truth, I am dependent on your story (smile)"*

Thus, although I entered this particular interview with a certain degree of power (due to my cultural capital), I endeavoured to shift the power by explaining the significant role of Zohreh's biography in my study. I also reminded her of my eagerness to learn from her, and that, although I am educated, I needed to hear about her lived experiences in order to move my understanding of the menopause from the abstract to one based in her realities. This gave Zohreh greater power during the interview and made me more of an 'insider'. Additionally, I was able to demonstrate to her tangible benefits from participation in my research. By listening thoroughly to her life story, I showed her that her narrative was valued - and this had a cathartic effect, as she stated at the end of the interview:

*"Now, I feel better, although I told you very sad stories from my life. Today was a good day for me and I'll try to write about my today's experience, then, next time, when you come back and I see you, I can show it to you"*

This illustrates that the process of narrating her life story and, just as importantly, the relationship which had formed between us, was experienced by her as positive and beneficial. Indeed, after the interview she wanted to write about the interview as a good experience. Additionally, her eagerness to show me her diary suggests that I had been able to build a trustful relationship during the interview. I assured the participants that after finishing the study I would let them know about its result, and I will share the thesis with them.

The other important element of the power relationship between researcher and researched is “*symbolic capital*”, which Bourdieu (2011) explains as status, or recognition. Although all participants and I, as a researcher, were female, the fact I was a woman who was studying in a Western country (UK) represented a particular form of symbolic capital, one which was actually problematic for me in my interactions with some of the participants. All the participants were religious (actively practising) women, who believed in maintaining their traditional, religious culture, a culture which they believed is contrary to Western culture, especially in the arena of sexuality. So, I carefully negotiated this status in gaining their trust and conducting the interviews. For example, one of the participants, Zahra, 51-years-old, challenged me by claiming that I should be doing my fieldwork in the country in which I am studying. Although I had been away from Iran (my home country) for only two years before conducting the fieldwork, Zahra believed that as my role as student in a ‘Western country’ meant that I could not (or perhaps should not) do my research in my own country (as an ‘Eastern country’). As a result, the first 10 minutes of the interview were devoted to

explaining to her my reasons for choosing the research topic and Iran as the place for the fieldwork:

*“Zahra: Isn’t it any problem to do your research about women here?”*

*Elham: “No, my subject is Iranian women. It’s my home country and I like to do my research about Iranian women. Also, I know Iranian women better than English women, so I can do better research about them.”*

*Zahra: “Don’t you need to research in that environment? About women there? I mean you studied there and women who live there are totally different with us. Don’t you need to do your research in the place of your study?”*

*Elham: “No, not at all. My supervisor has approved it. But in which way do you think they are different?”*

*Zahra: “Everything, but ... all right.”*

*Elham: “Do you think I’m different as well?”*

*Zahra: “Uhum.... Willy Nilly, you studied there too”*

In this case, reflection started when Zahra stated her concern about the ‘problematic subject’ of the project by questioning my appropriateness of doing the research. Her claim was based on the location of my university. From her point of view, studying in a ‘Western country’ made me, culturally, one of the “women there” (the UK) and not one of the “women here” (Iranian Muslim woman); indeed, this seemed more important than my nationality (Iranian) and the fact I was doing the interviews in Farsi. Consequently, she considered me as something of an outsider. This effectively reflected power relations between us throughout the interview, an event in which she intermittently highlighted my position as an ‘outsider’. This example can, moreover, illustrate that the interviewee (Zahra) as well as interviewer can display and mediate power in the course of the interview situation. Thus, for Zahra, the symbolic capital of being a student in the UK had a negative influence on my position as interviewer. My other symbolic capital was my marital status. I got divorced ten years ago. During the interviews, all of the

participants asked about my marital status. Due to the stigma attached to divorce, I felt that it was inappropriate to disclose my divorce; I believe they would not answer my questions and would refuse to participate in the interviews (see section 6.2). Therefore, I hid my marital status (one aspect of my symbolic capital) and told them I was single. Consequently, the next question concerned the reasons for me 'still' being single and also involved encouraging me to get married, reminding me that soon it would be 'too late'. (Even the women who did not have a good experience with their own marriage were vocal in encouraging others, including me, to get married.). The other capital which was influential in determining my position in terms of negotiating power during interviews was my "*social capital*". To access the participants, I gained the help of my friends who are themselves religious women. They introduced me to the religious classes that they attended (see 'Recruitment of participants'). Thus, I can regard my network as my "*social capital*", which had a positive effect on collecting rich, depth data by providing a trustful space between me, as researcher, and the participants. Additionally, my "*social capital*" had a positive impact on my positionality in a way that from the start made me something of an 'insider' for the participants, due to their positive relationships with my friends.

"*Field*", using Bourdieu's terminology, is the other important element that I recognise as having a profound influence on the process of my being an insider/outsider during the interviews. In this research, I consider the places in which interviews occurred as the 'field'. In this sense place does not just constitute a location; rather, it embodies various relations and symbolic meanings for the participants and the researcher, and can be considered as



a social structure with influence on the power relationship between us. In this study, participants always selected the “*field*”, or place of interview, and I had limited power in this regard. I facilitated them in choosing the field in order that the interview be made as comfortable as possible for them. Choosing the space of interview, participants were negotiating their own capital in a specific organisation belonging to them which gives them power in our relationship. The interviews thus took place in a variety of settings. Most of the time, they were conducted in one of the rooms of the house from which their religious classes were being held (see ‘Recruitment of participants’); sometimes, however, they were undertaken at the participants’ own houses. Once it was in my car, in the street in which the participant’s house was situated.

A particularly notable example of the field as a site of power was when one participant, Maryam, asked me to go to her house. When I entered, I found her husband was in the same room that she had chosen for doing the interview. As the house was very big and modern, I asked Maryam if it was possible to go to another room and do the interview in a more private place. However, Maryam answered that her husband liked to be with us in the same room during the interview. So, the interview was held while Maryam’s husband sat at a distance of six metres away, with his back to us. He did not utter a word, not even a greeting. Throughout the interview, my feeling was one of fear, and when the interview was finished, I rushed out from their house, without tying my shoes. I had respected the interviewee’s decision about the field that she chose for interview, with her husband in attendance; however, during the transcription process, I realised that she spoke

throughout in a faint voice, so it was difficult to decipher the words. This example suggests not only the power of Maryam's husband in this space (and the visceral effects of this power), but that both of us (researcher and the participant) displayed power in turn, in our desire to conduct the interview despite it apparently being against the husband's wishes that we do so. The need for his agreement and his presence in the room indicated a set of power dynamics where the husband was in control—which might also mean that the stories Maryam shared were influenced by his presence. I decided that it was important nonetheless to speak with Maryam, but recognize the limits to her data because of this and also the ethical implications. I was fearful for both her safety and my own in this situation but as I saw her in the next session at her class I was reassured that all was well.

The starting and ending time of interviews was also always the participants' decision, and they could talk about whatever they wanted to, and to go on for as much time as they liked (see 'Doing the interviews'). For example, one of the participants (Anis) started talking from the first minute that she sat down, without my asking any questions of her.

My "*habitus*" was another important factor in my power relationship with the participants and in determining my positionality as an insider or outsider. In this chapter, I regard "*habitus*" as meaning my position (how I spoke, sat and what I wore) in the field according to my understanding of the socio-cultural structure of that field. Since all the participants were religious women, to be an insider I changed my habitus in a way to show them that I respected their wearing of a complete Hijab. This was not only a 'tactical' measure but also a matter of ethical research practice. So, I covered my hair completely by

wearing a long, black veil. In addition, I gave them some small gifts, such as armbands and books, to show my respect for their Hijab, as well as a mark of appreciation more generally, for them giving up time to be interviewed.

In spite of all these efforts, I was sometimes still seen as an outsider, as the participants, perhaps in an effort to ‘keep up appearances’, tried to influence the view they felt I might hold towards their family members, as characters in their narrations. For example, in one of the interviews, when the participant (Nahid) wanted to explain how she realised her differences, as a female, from her brother, she said:

*“I found, whenever we wanted to go out; one of my brothers would accompany us. Even if it was a birthday of our friends, we had to go with one of them. If our friend’s family didn’t let the boys to join in the party, then we had not to go. ....But, never think that we weren’t free. No, we were free; my parents are educated, intelligent and modern Muslims. For example before we became 9-years-old, we used to ride a bicycle every day, but .....One of the brothers had to accompany us.”*

In this example, Nahid’s parents and brother are her family and ‘true insiders’, and I was an outsider who had intruded into family matters and might even judge the insiders. Thus, Nahid tried to pre-empt any potential criticism about her family for not giving her freedom. Furthermore, in some cases, while telling their stories, participants sought my approval for what they did or what happened to them. This offers a hint that I was seen as an outsider in a position to judge their or their relative’s practices (an example perhaps of my symbolic capital as a midwife (Bourdieu, 1984) or my prestige (McCormack, 2014) actually working in my favour).

Nevertheless, being conscious of the power differentials in the interview situation, and use my “*capital*”, helped me to be insider ‘enough’ for the

participants to trust me. This is demonstrated in the fact that after conducting interviews, I was called by other women, who were the participants' classmates, wishing to take part as well (see 'After the interviews and the issue of saturation'). It can be reasonably supposed that the participants talked about the interviews with their classmates (insiders) who then decided to accept me (the researcher) as an insider enough to want to narrate a hidden part of their life for me.

To summarise, the participants and I mediated power during interviews according to our understandings of our common cultural symbolism through our bodies and language. Participants could impose their power (firstly, by choosing the place in which the interview took place, but also by exercising control over their stories, e.g. deciding not to narrate them in the first instance, or stopping whenever they wished, and being free to hide some greater or lesser part of them); and, simultaneously, I, as a researcher, by employing my sources of capital, attempted to negotiate power in order to gain richer data. Additionally, it can be argued that I was neither a total outsider to participants (due to similarities based on nationality, language and gender) nor a total insider (due to our differences in capital). For instance, I entered Maryam's house as an outsider, but during the interview my status shifted to an insider who Maryam trusted enough to be able to criticise her husband in front of me. Likewise, Zahra started her interview by questioning my right to do my research, but gradually she narrated her story, suggesting that my status was shifting from outsider to insider. Rather than consider the status of the researcher to be static, and bounded dichotomously (either as an insider or outsider), it is more useful to instead

highlight that I experienced a complex, dynamic status as both insider and outsider, even during any one interview.

This is not to argue that outsiders cannot gain trust and rapport through the process of research, but rather that in this instance, given the socio-cultural context of Iran, trust and rapport were gained by assuring participants of my insider status through my interactions with them.

#### *4.3.2 Emotionality in Research and ‘Understanding’: The Personal is Political*

O’Neill (2015, pp.74-75) points out that although biographical research data consists of ‘personal material’, it provides an understanding space involving the art of listening and dialogue, which can connect biography (personal) to structure and history (political); thus, feelings and emotions (personal material) are crucial in this approach:

*“The biographical interview facilitates, to varying degrees, a discursive, relational and reflective space in which feelings matter and can act as a guide. I have described this process as involving subjective-reflexive feeling.”* (O’Neill, 2015, p. 75)

Similarly, Ettorre (2013, p. 1379-1380) states that, while conducting her research (on women drug users as a woman), she was conscious about her emotions and feelings, and their effect on the research process. She elaborates by arguing that sociological introspection can allow the researcher to explore these emotional or physical experiences as *“an internal state which can construct externally”*.

In this study, I also attempted to be aware of my feelings and emotions during the research process. Most of the interviews were full of emotional feelings and the participants displayed these feelings by crying, sobbing,

shaking, picking at cuticles and even raising their voices. Several of the women claimed I was the first person they had ever talked to in depth about issues of sexuality. Their feeling of exposure was very strong, which always brought a lump to my throat. At these times, I showed my empathy by taking their hands, giving them a tissue or glass of water, and I tried hard not to cry in front of them. I thought the participants would feel burdened by my crying and it might also lead them to stop their narrations; therefore I kept any crying for the time I returned home.

As will be discussed later (see 'After the interview, and the issue of saturation'), all of the interviews were recorded in order to be transcribed later. Yet, not only does the telling not come easily, but also the listening for the second time in the process of transcription was not without stress for me as the researcher. Therefore, doing and crafting the PhD was a kind of emotional labour for me (Hochschild, 1983).

#### **4.4 Research Practice, Process and Procedure**

To collect the data, I conducted individual, in-depth interviews with 30 Iranian Muslim menopausal women. In this section I will demonstrate the practical aspects of this research process. So, here I will discuss the sampling and recruitment of participants (including some detailing of the social context of the target group), how interviews typically proceeded, as well as the subsequent analysis of the data, and some of the key ethical dimensions of this study.

#### *4.4.1 Research Questions*

In the process of conducting the literature review, I honed my research questions to ensure that the questions more accurately reflected the gap in the literature, and were influenced by existing knowledge of issues related to the menopause and women's lived experiences of gender and sexuality. The main aim of this research is to broaden understanding of the socio-cultural construction of sexuality of Muslim menopausal women in Iran. Therefore, my research poses the following questions:

- 1- How do different structural discourses (social, cultural, religious) shape menopausal women's sexual lives?
- 2- What is the relationship between ageing, sexuality, the body/embodiment and gender in the way that Iranian Muslim menopausal women experience significant events related to their sexual being across the life course?
- 3- How do Iranian Muslim menopausal women as individual bodily agents engage with and respond to the gender order?

#### *4.4.2 Recruitment of the Participants*

In qualitative research, the focus is with analysing meaning rather than numbers and frequency, and with achieving richness depth and breadth of information rather than a large number of participants per se (O'Reilly & Parker, 2013). In this research, purposive, volunteer and snowball sampling have been employed in order to access potential participants to explore Iranian Muslim menopausal women's experiences of their sexuality specifically (the key phenomenon in this research) and also to scrutinise their individual and collective life experiences more broadly. Additionally, during

conducting the fieldwork, I endeavoured to access different socio-economic classes of women by selecting different regions of Tehran (discussed in more detail below). In this sense, I also made use of “quota sampling” (Morse, 2007, p. 531) approached by socioeconomic class.

The initial step, then, in the recruitment process was to gain access to religious Iranian women in the first instance. As mentioned previously, 99.3%<sup>17</sup> of the Iranian population is Muslim but not all of them actively practice Islam. Since being religious is one of the essential characteristics of my target group, it was important for me to find women who indeed practiced Islam. Thus I decided to focus on locating religious or Quran classes in the major Iranian settlements of Tehran and Karaj; I sought to recruit the research participants from the women who attend these classes regularly in order to explore the sexuality of religious menopausal women who arrange their life according to Islamic principles (an example of purposive sampling).

Iran comprises 30 provinces or counties. Meanwhile, the Iranian people are made up of a number of different ethnicities: Persian (61%), Azeri (16%), Kurd (10%), Lur (6%), Baluch (2%), Arab (2%), Turkmen and Turkic tribes (2%), and other (1%). The majority of the people are Muslim: according to recent figures, 90-95 % are Shia and the remainder are either Sunni (5-10%), ‘other’ (which includes Zoroastrian, Jewish, and Christian; 0.3%), or unspecified (0.4%) (Factbook<sup>18</sup>, 2014). Tehran is the capital and largest city of Iran with a population of 11 million (Tehran municipality<sup>19</sup>, 2015).

---

17 <http://data.un.org/Data.aspx?d=POP&f=tableCode%3A28>

18 [http://www.indexmundi.com/iran/demographics\\_profile.html](http://www.indexmundi.com/iran/demographics_profile.html)

19 <http://en.tehran.ir/Default.aspx?tabid=104>



According to the Tehran municipality website, more than 40% of the nation's economic activities take place in Tehran; thus many people from other parts of Iran with different ethnicities and languages (Kurd, Turk, Arab and Baluch) migrate to Tehran in order to access its varied and multiple facilities. This has made Tehran grow fast (its population increased fifty-fold during the 20<sup>th</sup> century - from 200,000 in 1900, to 10.3 million in 1996- while, in respect of the same time period, Iran's population increased only five-fold). Moreover, it is a city with wide socio-cultural diversity. For these reasons, Tehran would thus appear to be a small model of Iran. Tehran can also be considered to be geographically divided by socio-economic class. 'Upper class' people live in the north of the city, while mostly 'lower class' people live in the south or south east. Therefore, in an effort to access participants from different socio-economic classes, and ensure a diverse sample, I found five different Quran classes from five different geographical areas - in the north, north centre, south east, 'downtown', and north east of Tehran (an example of theoretical quota sampling by socio-economic class). Thus, among participants there was a wide range from illiterate to medical practitioner, from farmer to teacher. Additionally, I located one Quran class in Karaj. Karaj has a population of 1.6 million and is located 20 kilometers west of Tehran. As it is very close to Tehran, people who cannot afford to live in Tehran, relocate to Karaj. Therefore Karaj has been known as a 'Tehran extension', which makes it the fourth largest city in Iran (Karaj municipality<sup>20</sup>, 2015). (See table 2 describing the characteristics of my participants at the end of this chapter.)

---

20 <http://karaj.ir/HomePage.aspx?TabID=7065&Site=DouranPortal&Lang=en-US>



**Figure 4 (Google)**

After finding the Quran classes, which I did with the help of religious friends who were already attendees, I attended all of their sessions for four months. Thus, I could meet women regularly during the course of the fieldwork. All of the classes were free and each consisted of one session per week, which meant I was able to attend every class during any given week. However, before attending the classes, I was introduced by friends to the teachers leading each class, and their permission was sought for my attending classes by explaining the research for them as the gatekeepers to accessing the participants. All of the teachers agreed, except one teacher who asked me to pay money at attend - 20 pounds for each session, which I did not accept due to lack of funding.

#### 4.4.2.1 Process of Recruitment in Religious Classes

The classes were formed of between 10 and 20 students, and they were always held in one of the students' houses. The teachers always sat at the head of the room and on a special sofa, different to the chairs everyone else sat on. At the first session, in all six cases, the teacher would start by

introducing me to the other women, and then at the end of that session, I was given five minutes to talk with the women about my research. I always introduced myself as a midwife who had continued her studies, doing so in the sociology of health and gender. (This often led women to ask medical questions of me, and I answered if I could, and, otherwise, referred them to a specialist in that area.) I then invited them to join the research by giving me their telephone number, if they preferred, or taking mine, in order that we could subsequently arrange a date and a time that was suitable for them being interviewed.

It was important that I developed a good relationship with the women at the classes; so as to gain their trust and their willingness to participate in the research, particularly given it would involve narrating perhaps the most hidden part of their lives - that is, their sexual life. Since the research topic is a sensitive topic anyway but especially so in the Iranian Muslim cultural context, building trust was crucial. As discussed earlier (see the 'Insider/outsider' section), I held particular capital as a researcher which helped me to gain the participants' trust. In addition, my regular attendance at the Quran classes, involving prolonged contact with the women, following the ethical guidelines, considering confidentiality and anonymity of the participants, also helped me to construct trustful relationships. Below, there is a demographic table of participants:

## Methodology

Name	Age	Education	Occupation	Husband's Education	Husband's Occupation	Parents' Education & Occupation	Children	Grand Children	Menopausal Age
Samin	54	High School	Housewife	High School	Factory worker	Illiterate Farmers	4	1	46
Hoda	66	Grade 2	Housewife	Grade 6	Retired Factory worker	Illiterate Farmers	11	27	54
Tahereh	48	High School	Housewife	High School	Clerk	Mother: Grade 6, Housewife Father: Grade 6, self employed	1	0	47
Habibeh	69	High School	Retired Nursery Teaching Assistant	B.S Sciences	Teacher	Mother :Grade 8 Housewife Father : Grade 11 self employed	3	2	50
Farideh	57	M.S Arabic Language	Teacher	High school	Retired Civil Servant	Mother :Grade 5, Housewife Father: High School, Bank employee	2	0	49
Mansoreh	56	High School	Housewife	High School	Self employed	Mother: Grade 10, Housewife Father: Grade 10, self employed	3	2	50

---



---

**Methodology**

---

<b>Name</b>	<b>Age</b>	<b>Education</b>	<b>Occupation</b>	<b>Husband's Education</b>	<b>Husband's Occupation</b>	<b>Parents' Education &amp; Occupation</b>	<b>Children</b>	<b>Grand Children</b>	<b>Menopausal Age</b>
Molood	62	High School	Nursery Teacher	Grade 10	Self employed	Mother: Grade 8, Housewife Father: High school, Coordinator in a bank	2	0	47
Rahimeh	56	Grade 8	Housewife	Grade 5	Self employed	Mother: Illiterate, Housewife Father: Grade 5, self employed	2	1	48
Shokooh	60	Grade 5	Factory worker	Grade 6	Factory worker	Illiterate Farmers	4	2	50
Nafiseh	65	Grade 3	Housewife	Grade 5	Farmer	Illiterate Farmers	1	0	43
Sanaz	58	Associate of humanities sciences	Teacher	Associate of Sciences	Teacher	Mother: Grade 10, Housewife Father: High school self employed	3	1	45
Nakisa	59	Rheumatologist MD	MD	MD	MD	Mother: High School, Housewife Father: High School self employed	2	0	50

## Methodology

Name	Age	Education	Occupation	Husband's Education	Husband's Occupation	Parents' Education & Occupation	Children	Grand Children	Menopausal Age
Eftekhar	54	M.S Islamic Theology	Teacher PT	Mechanical Engineer	Retired Deputy Minister	Both B.S Mother: Teacher Father: Business	2	0	47-48
Razieh	50	Grade 4	Housewife	Grade 5	Shopkeeper	Mother and Father: Illiterate Farmers	4	1	48
Mehri	47	Dentistry	Dentist	B.S in mechanical engineer	Employee in power ministry	Mother: Illiterate Housewife Father: High school Military	1	0	47
Farnaz	50	Grade 5	Factory worker	Grade 5	Farmer	Mother and Father: Illiterate Farmers	5	4	47
Masomeh	60	High School	Clerk Retired	High school	Retired Civil service	Mother: Grade 10, Housewife Father: Grade 5, self employed	2	2	49
Bitā	64	B.A in Sciences	Teacher	Engineer	Self employed	Mother: Associate of Sciences, Teacher Father: Engineer	2	2	48

## Methodology

Name	Age	Education	Occupation	Husband's Education	Husband's Occupation	Parents' Education & Occupation	Children	Grand Children	Menopausal Age
Mahdieh	51	B.S Elementary teaching	Teacher	Oil engineer	Employee in gas company	Both High school Mother: Housewife Father: Railway employee	2	0	50
Anis	50	B.A Elementary education	Teacher	High school	Business in Bazar	Mother: Housewife, Elementary school Father: Clerk, High school	2	0	38
Pooran	48	Diploma in elementary school education	Teacher	Grade 8	Owens a Furniture Factory	Both: High school Mother : Housewife Father : Clerk in a foreign company	1	0	43
Tooran	50	B.S in Education	Teacher	B.S in Philosophy	Teacher	Mother: Grade 5 Housewife Father: Grade 8 Self employed	2	0	49
Zahra	51	M.A in Philosophy of Training	Manager in Education Ministry	M.S in Psychology	Working in Islamic Revolutionary Guard	Mother: High school Housewife Father: Studied in religious schools, Teacher in religious school	3	0	51
Maryam	50	B.S in Business management	Part time Teacher	High school	Self employed	Mother: High school Housewife Father: B.S in Theology, Teacher	2	0	50

## Methodology

Name	Age	Education	Occupation	Husband's Education	Husband's Occupation	Parents' Education & Occupation	Children	Grand Children	Menopausal Age
Fatemeh	53	Illiterate	Housewife	Elementary School	Farmer	Illiterate Farmers	6	7	49
Zeinab	62	Associate of Farsi literature	Secretary	High School	Military	Mother: High school, Nursery teacher Father: High school, Military	3	1	50
Zohreh	47	High School	Housewife	Elementary School	Taxi Driver	Both Grade 6 Mother: Housewife Father: Shopkeeper	2	1	47
Reihaneh	59	B.S in Education and religious training	Religious training teacher	M.S Mathematics	Retired Teacher	Both High school Mother: Housewife Father : Military Service	0	0	55
Sarah	57	Paediatrician MD	MD	B.S Business and Management	Self employed	Mother: High school, Housewife Father: B.S in Management, Businessman	2	0	50
Nahid	51	M.A in Midwifery	Midwife	PhD international Commercial Management	Worker in oil projects	Mother: Grade 5 Father: High school Both work in their own tailor shop	3	0	51

**Table 2: Demographic Table of Participants**



#### *4.4.3 Doing the Interviews*

After arranging to meet up with a participant at a place of her own choosing, I opened each interview with a brief explanation about myself and my background and an outline of the research. Although I had an interview guideline (the interviews being semi-structured), I would often let the participants talk however much, and about whatever, they liked, in an effort to give them control over the interview process (e.g., Corbin and Morse, 2003, p.335). So, I undertook biographical life course interviews (O'Neill, Roberts & Sparkes, 2015) using a topic guide. Just sometimes, when they veered away from the subject, I tried to lead the discussion back to the research by asking a question from the interview guideline. The guideline was about various aspects of their (gendered) lives, starting with some general questions (such as what mattered the most to them and what they considered their greatest achievement to be) and then progressing to questions about the division of labour, power dynamics, teaching about gender, emotional relations, menopause, the body and sexual life. (See Appendix 2 for a copy of the interview guideline.)

The interviews always took more than one hour - and some of them two hours - due to participants' eagerness to discuss their experiences which is typical for biographical research (O'Neill, Roberts & Sparkes, 2015). I also regularly mentioned my own eagerness to hear what they had to say. Furthermore, I continued my contact with each participant even after the interview had finished. Largely, this was a matter of ethical practice: if it was required, I gave the participants rides home; if what they had talked about in the interview made them sad or emotional, or if they made it known that they

felt they might benefit from further (counselling) support, I referred them to a counsellor and I also referred participants to a gynaecologist, sometimes accompanying them to visit the doctor (see 'Ethics' section below). This made the relationship more trustful, which alongside being based in a concern for each participant's welfare, also had very practical consequences during the period of fieldwork – concerning recruitment. A number of the women I interviewed subsequently introduced some of their friends or classmates, so that I might interview them as well (an example of snowball sampling); when they wanted to introduce these potential interviewees to me, they always told me something along the lines of:

*"I feel better after doing the interview and I think it helped me, so I talked about it with my friend, is it possible to do the interview with her?"*

Indeed, Chase (2011, p. 422) clarifies that narration of one's life story has therapeutic effects due to its capacity for allowing re-evaluation:

*"It helps the story teller to resolve problems by discovering new ways of storying their situation."*

This was, for me, an important point of ethical research practice; I was concerned to give my participants a voice and offer them the opportunity for feeling empowered through being able to speak freely about - taboo matters and, in the process, to exercise their agency.

#### *4.4.4 After the Interview, and the Issue of Saturation*

All interviews were audiotaped with the participants' permission, and then subsequently transcribed and translated (from Farsi to English). Chase (2011, p. 422) declares that detailed transcriptions improve the analysis of data by allowing the researcher to notice the storyteller's linguistic practices

and the influence of cultural discourses on their experiences and the way that she understands such discourses. Moreover, I kept a diary throughout the fieldwork. After finishing each interview, when I returned home, I tried to recall all details of the process, attempting to note down whatever was not otherwise recorded – including the location and general feel or mood of the interview as well as my observations of the participant and any seemingly significant non-verbal cues or changes in mood occurring during the recounting of her stories. (I also did this when attending the Quran classes, after each session noting (potential) participants' reactions to me and the topic of my research.)

30 individual in-depth interviews, each lasting up to two hours provided rich information of good quality leading me to eventually declare saturation. Bowen (2008, p. 140) defines an “*appropriate sample*” as a sample which contains the most representative and knowledgeable participants in the subject area, which I believe I was accessing in line with the specificities of my research focus: the menopause as experienced by actively practising Shia Muslim women in Iran. Morse (2007, pp.535-537) categorises two types of saturation: 1. to continue sampling until no new information emerges; and 2. to continue until the researcher is confident in the construction of her theory. Thus, data collection continued in order to reach theoretical saturation concerning narrative themes of agency, gender, ageing, embodiment, menopause and sexual biography (see the next section, ‘Narrative analysis’).

At a more human level, however, the sad part of reaching saturation (and, of course, having limited time for my fieldwork) was that there were occasions

when I was called by women who were participants' friends or classmates and who were interested in being interviewed, and I was not able to do this. Their interest suggests how willing and keen they were to tell their stories; and this adds strength to an important motivation for performing this research, which is enabling a silent group of women to tell their stories in respect of their sexuality.

#### *4.4.5 Narrative Analysis*

Riessman and Quinney (2005, p.397) describe five key requirements for good narrative analysis: i) detailed transcripts; ii) paying attention to language; iii) noticing the micro and macro aspects of narrations, and linking them; iv) recognising similarities and differences among different life stories; and v) taking epistemological and methodological issues seriously. As stated in previous parts of this chapter, I endeavoured to pay attention to ontological and epistemological issues during the study. Additionally, I prepared detailed transcriptions and translations in order to improve the analysis of the data, paying careful attention to the storyteller's language. Moreover, while transcribing the interviews, I attempted to capture (based on both these audio recordings and the post-interview notes) participants' actions, gestures and body language (crucial to expressing emotions), such as sighs and bursting into tears by noting in the transcripts. Furthermore, the biographical life history approach required me to consider both the micro and macro levels, and their relationship, during data analysis.

The data analysis process begins while preparing the data (listening to the tapes, transcribing and translating all of the interviews); this then leads into a more systematic analysis of the data. The data analysis process began while

preparing the data (listening to the tapes of interviews conducted in Farsi, transcribing and translating all of the interviews into English). This then led into a more systematic analysis of the data. My thinking and analysis process continued in both languages while the written form is presented English.

Riessman (2008) refers to different analytical approaches to narrative material, two of which are specifically relevant to my approach: thematic analysis (focusing on the content of a text) and structural analysis (emphasising the way a story is told and how narratives are constructed). Since the way that stories were narrated was as important as the content of those stories, I used both thematic and structural analysis. In this study, it was essential for me to pay simultaneous attention to the content, form and context of the narratives.

Thematic analysis was crucial for this study in order to identify similarities and differences across participants' stories. Consequently, I constructed a typology of themes to enhance my analytic interpretation (See appendix 3). And, by conducting structural analysis and focusing on language, I highlighted the process through which a story was told and highlighted the meanings of the stories – doing so by employing my analytic theoretical framework (explained in Chapter 3). In other words, I coded the data in order to develop themes and then contextualised the themes based on the theoretical framework, finally representing them in the discussions that comprise my three data chapters. To reiterate, in analysing my data, I brought together my analytic theoretical framework (Connell's 'gender order', Crossley's 'reflexive embodiment' and a life course perspective), a realist

epistemological perspective and thematic narrative analysis by paying attention to what menopausal women narrated about their own sexual experiences. I used a non-numerical data analysis program, NVivo 10, to assist me in managing the enormous amount of data collected. I also considered my field notes as an important supplementary source of information.

#### *4.4.6 Ethics*

This research was approved by the Durham University's ethics committee. In addition, I considered ethics as a continual process by following the ethical guidelines during the study and reflecting on issues of consent and risk for women in taking part.

A consent form was given to the all of the participants who were asked to sign it before interviews commenced. Both the confidentiality and anonymity of the participants were also carefully considered. For instance, I used pseudonyms when writing up the data, to protect the women's identities. All of the data, including interview files, transcripts and my research diary, were kept securely on a password protected computer which only I knew.

Most of the participants declared that I was the first person they had ever narrated these stories to, and they felt "*peaceful*" after their interviews. However, whenever interviews made them sad and brought up a lot of emotions or the participants suggested they may benefit from counselling, I referred them to a counsellor, which I did in six cases by giving the details of a counsellor to them.

In addition I gave them some small gifts such as arm bands<sup>21</sup> and books to express my thanks and to show my appreciation for their time at the end of the interview process.

Furthermore, as I stated in the “Reflexivity” section, I was aware of the power relationship between myself and participants, and by facilitating a reflexive space for speaking, listening, understanding and reflecting, I provided the opportunity to tell their sexual stories/biographies.

The only ethical dilemma that I confronted was about my marital status. I got divorced ten years ago. During the interviews, all of the participants asked about my marital status. Yet, as I discuss in Chapter 6, due to the stigma attached to divorce, I could not tell them about my situation - otherwise they may well refuse to participate in the interview. Thus, I hid my marital status from the participants by saying that I was single. Bryman (2004) identifies key points of unethical research practice as harm to participants, lack of informed consent, invasion of privacy, and deception. Hiding my marital status could be, I worried, deemed as deception. However, according to Bryman (2004, p.514):

*“Deception occurs when researchers represent their research as something other than what it is.”*

Therefore, since my marital status was not related to the research, it cannot be considered as deception; rather it was a strategic element of non-disclosure that did not actively mislead my participants and facilitated the richest data possible.

---

<sup>21</sup> Muslim religious women use arm bands to add length to their short sleeved cloths in order to have proper Hijab. Hence, my gift showed them my respect to their Hijab

#### **4.5 Chapter Conclusion**

This chapter has described the methodological underpinnings this study, has provided a rationale for the biographical life history approach, and detailed how the biographical life history research was undertaken. I have addressed a number of key issues relating to the quality of the research such as authenticity and reflexivity. The chapter has also explained the data analysis process, as well as considering ethical issues. In the next three chapters, I will now present my findings in relation to the 30 in-depth interviews chapters are arranged according to the different stages in the participants' lives: Chapter 5: Childhood; Chapter 6: Womanhood; and Chapter 7: Menopausal Time.



## **Findings and Discussion**

## **Introduction**

The next three chapters employ the epistemological, methodological and theoretical framework which has been introduced and discussed in Chapters 3 and 4 in order to identify relevant themes in relation to the sexuality of Iranian Muslim menopausal women. These findings chapters provide a contextualized view of the way that Iranian menopausal women who participated in the research understand and narrate their sexuality. The analysis is based on the qualitative data which I collected during my four-month fieldwork in Iran (see chapter 4).

To undertake thematic analysis, as discussed in the “Methodology chapter” (chapter 4), I read, and reread, the interview transcripts more than four times. Since, the interview transcripts were translated, I listened and re-listened to the recorded interviews in the Farsi language in order to be sure that nothing had been missed, and through narrative analysis, the relevant themes emerged. My analysis enabled me to identify the themes and their interactions which play a significant role in understanding the structures, process, relations and practices that constitute the sexuality and gender order of these menopausal women. The emerging themes are analysed using my theoretical framework, which is based on the inter-related theories of gender order (Connell, 1987, 2009), reflexive body techniques (Crossley, 2005, 2007) and biographical life course approach (Miller, 2000; Hockey & James, 2002; King, 2010). The relevance of these theories to my theoretical/epistemological framework has been explained in sections 2.3, 3.3.1, 3.3.3, 3.4.4 and 3.6.

By employing Connell's gender order and Crossley's reflexive embodiment, I found that the sexual identities of the women were shaped through a social process of *becoming* as well as being. Building upon the biographical life course perspective (see chapters 3 and 4), in the following three chapters I present the data which correspond to three stages of the women's lives as they defined them in their narratives: "Childhood/Girlhood", "Womanhood", and "Menopausal time".

With respect to the life course perspective, a configuration of the social and individual component develops over time (Hockey & James, 2002); I explore the process of shaping the sexual identity of the menopausal women over the three different stages of their life course (Childhood, Womanhood and Menopausal stage) from their points of view. Women narrated their stories in these three phases of life as a response to my questions, so in interpreting their stories, this was a dominant pattern.

In other words, this part of the thesis examines the ways that menopausal women navigate their sexual identity and embody it in their everyday lives over three stages of the life course. Consequently, I can address how women's sexuality and bodies in childhood, womanhood and in menopausal time are conceived in their everyday social practices.

By taking a life course perspective, I consider the sexual lives and biographies of the women as continuous paths with key periods and turning points such as menopause. This allows me to link early sexual life experiences during childhood and adulthood (womanhood) with later sexual experiences in the menopausal time (Hutchison, 2010) and to map the

events and experiences which have been significant in shaping the sexual biographies of menopausal women.

Additionally, taking a life course approach not only enables me to consider the impact of various social processes and interactions on the sexuality of menopausal women in their different life stages, but also points out the role of menopausal women in creating their sexual life experiences. Therefore, all three data analysis chapters (5, 6, and 7) address all three research questions:

- How do different structural discourses (social, cultural, religious) shape Iranian Muslim menopausal women's sexual lives?
- What is the relationship between ageing, sexuality, the body/embodiment and gender in the way that Iranian Muslim menopausal women experience significant events related to their sexual being across the life course?
- How do Iranian Muslim menopausal women as individual bodily agents engage with and respond to the gender order?

In these chapters, I develop my answer to the first research question, by focussing on the process of gender order and embodiment, in order to identify the influence of different social, cultural and religious structures on the sexual biographies of Iranian Muslim menopausal women, and the ways that women's individual agency responds, in turn, to these social structures. I scrutinize the significant events related to gender and sexual experiences of women across the life course.

I identify five main narrative themes in Childhood/Girlhood. These themes are: i) gender discovery; ii) puberty; iii) family management of the first signs of sexuality; iv) virginity proof system; and v) the requirements for being identified as a 'girl' and a 'good girl'.

Six themes are also identified in "Womanhood": i) marriage; ii) the first experience of sexual relationship and sexual conversation; iii) requirements for being identified as a 'proper wife'; iv) domestic labour ; v) gender roles and education; and vi) sex as either a joy or a duty.

Finally five narrative themes are identified in "Menopausal time": i) disclosure of diagnosis, onset and timing of menopause; ii) structural influences on understanding of menopause; iii) body image and cosmetic surgery; iv) sexual experiences; v) loss narratives and menopausal identity. The next chapter focuses on Childhood (See appendix 3 for the table of themes and typology).

## **5. Childhood/Girlhood**

## 5.1 Introduction

This chapter discusses the themes that emerged in the biographical interviews where the women spoke of what defined the experiences of their childhood/girlhood. The main themes are: i) gender discovery; ii) puberty; iii) family management of the first signs of sexuality; iv) virginity proof system; and v) the requirements for being identified as a 'girl' and a 'good girl'.

Taking a biographical or life story approach to understand sexuality can lead to a better understanding of menopausal women's sexuality (Floyd & Bakeman, 2006, p. 288). That is to say, sexual experiences during childhood and adolescence are related to sexual life in the menopausal stage (Carpenter & DeLamater, 2013). Therefore, by exploring the women's narratives about their childhood, we can discern the social processes, structures and practices that shape women's sexual identity, as well as the impact of the socio-symbolic, cultural structures of society and different institutions such as family, state and religion in creating the conceptual category of sexual identity and sexual experiences in women's everyday lives.

The themes that emerged in relation to childhood present the links between gender and sexuality experiences as resulting from gender order (Connell, 1987, 2002, 2009) linked to power; production and gendered accumulation; symbolism and culture; cathexis and emotional relations; and from reflexive embodiment (Crossley, 2005, 2006, 2007 ).

Although the women narrated their individual experiences, for instance in the gender discovery theme, by explaining the ways that they began to

understand their gender, or in the puberty theme by disclosing their individual experiences about their menarche or growing breasts, their narrations shed light on the impact of gendered structures and power relations along with institutions and the socio-cultural structures of society in shaping their sexuality life history. Moreover, women's life histories revealed the interaction between the socio-cultural structures of a society, body and mind and their reflexive embodiment.

Therefore, I can explore the sexual life of menopausal women over their life course through scrutinizing their lived experiences in childhood, such as gender discovery and puberty.

## **5.2 Gender Discovery**

Gender discovery is one of the most important themes emerging in this stage of the participants' biographies. This theme refers to the ways in which the women recognised themselves as 'a girl' which is different from being 'a boy' and their learning about gender in society. Although Iranian women practise gender differentiation in their everyday lives, in responding to the question asking how they learned about the difference between boys and girls, most of them paused or hesitated before speaking. Answers to this question brought the most overtly emotional responses from the women in that they cried or 'welled up' as it reminded them of their experience of gender discrimination and encouraged them to develop their loss narratives.

In most of the cases, the women compared themselves with their brothers in order to point out the gender differences. This was a way of understanding gender difference that lasted throughout one's life. The gender discovery is a



key moment in women's lives as it can point out the inequalities based on biology. Lorber (1993, p. 569, 2011) clarifies that social practices transform the bodies in order to fit them into 'female'/'male' categories and to structure identities, personalities, sexual preferences and interests. Connell (2002, p.9) explains gender as a matter of social relations within which individuals and groups act.

I asked the participants how and when they realized that they were 'a girl' and not 'a boy'. In most of the cases, women answered this question by emphasising "gender roles" and social expectations. This underpins the notion of dichotomy in social norms and different expectations for binary male and female roles. There is also evidence that these gender roles were internalized by participants in many situations. For example, as will be discussed later under "a girl and a good girl" theme, Mahdiah and Zahra believed that domestic labour was the destiny of all girls and women.

All of the participants referred to some gender-based words and expressions while they were explaining this question. For example, Fatemeh who was 53 years old and a farmer (cultivates land) used the famous Farsi proverb which states that women should ask for half of what they need or want and let men have all of it (زن باید نیم من باشد, *zan bayad nim man beshad*)—*women must forget and ignore their desires and be patient*. Fatemeh justified this attitude as the reason for having fewer quarrels with her husband, in comparison with the new generation, and continued that "*the reason for the high divorce rate, these days, is that women don't want to be in self-denial*".

Language is one of the important elements of gender order (Connell, 2002, p. 8). Unlike English in which there are different pronouns based on gender (she, he, it), in Farsi there are no gender distinct pronouns. On the other hand, there are proverbs and adjectives which describe 'a good girl' which I will expand on later.

In this study, gender discovery has three sub-themes that emerged in the women's narratives: i) gender discovery through gender discrimination ii) gender discovery through sexual awareness and their family strategy towards it, and iii) gender discovery through physical differences. As will be discussed later, the connection between these three sub-themes includes limitations and restricted access to facilities and knowledge which are essential for shaping the sexual lives of women in this study.

#### *5.2.1 Gender Discovery through Gender Discrimination*

This theme emerged clearly in the interviews. Gender based segregation and inequalities in relationships were key ways that the women discovered their gender during their childhood years. While, some justified this by stating that they were "*more taken care of*", and seemed to be more 'accepting' of the gender roles, others expressed their disappointment with these gender roles and expectations. For example, Zohreh, a 47-year-old housewife and mother of two daughters, expressed her disappointment and explained that her first identification as a girl, took place when she discovered how her parents felt about her. She was five or six years old when she became aware that she

was an unwanted child, due to being a girl and not a boy. She was the first child in her family, but later she had another sister and two brothers:<sup>22</sup>

*“Zohreh: Aha, that I was a girl...”*

*Elham: Yes, I mean the difference between a girl and a boy.*

*Zohreh: When my family didn't like me to be a girl. I realized they didn't like to have had a girl!*

*Elham: Ah! (Silence) You have a sister and two younger brothers, right?*

*Zohreh: Yes, one sister and two younger brothers.*

*Elham: Are you the second daughter?*

*Zohreh: I'm the first daughter. My dad and my mum were always unhappy to have a daughter. They always said having a daughter and taking care of her is very difficult. They said taking care of girls is like living in hell. They imposed a lot of terrible limitations on me. I couldn't go out of my house alone before my marriage, except for going to school and at that time someone always accompanied me. When I got married, our neighbour's son asked my brother “Do you have a sister?!” It was like that. (Grin) Our neighbours didn't know that there were girls in the house next to them.*

*Elham: They didn't even know that your brother has a sister!!*

*Zohreh: Yeah. We had a big house, and we had lodgers living downstairs. I wasn't even allowed to say hello to them. My parents said that having a daughter is very difficult. They had their own beliefs.”*

Zohreh had experienced, from her birth, the kind of limitations and restrictions which inhibited not only her activities and communications outside the house, but also even inside her house. This kind of limitation is applied by physical separation. She implied that before marriage girls are considered to be at risk and need to be taken care of. Therefore, it could clearly be inferred that women have two different identities: before their marriage and after their marriage. However, as I will explain later in the “Womanhood Chapter”, women experience different kinds of limitations after their marriage but they are not considered at risk as much as before their

---

<sup>22</sup>I felt quite shocked after her narration, to such an extent that I could not continue my interview for three seconds and there was a long silence. I felt upset and thought about the huge burden that she had borne on her shoulders all her life.

marriage. This can explain why the women experienced a different “at risk identity” after their marriage.

Reihaneh, 59 years old, had three sisters and three brothers. She also understood her gender identity through her parents’ behaviour. She recognised the fact that her father used to “*take care of*” and “*pay attention to*” girls more than boys. When I asked her to explain, she said that the boys could go out by themselves but her father paid attention to his daughters more, as he always accompanied the girls when they went outside their home.

*“Reihaneh: Honestly, I think it was our parents’ behaviour which made us understand that we were girls, and my brothers were boys, I mean that we were different from them.*

*Elham: How did they use to behave?*

*Reihaneh: Their behaviour.... I mean.... My father used to pay more attention to us girls, and used to take care of us more than the boys. He would take us out, those days he had a bike, he would take us on the bike anywhere we wanted to go. But the boys could go out by themselves and with their friends if they wanted.*

*Elham: Could you ride a bike?*

*Reihaneh: No, he rode the bike and we sat behind him.”*

Gender discrimination can create dual rules in the families. One kind of rule applies only to the girls and the other, which is completely different, applies to the boys. Girls need to be ‘taken care of’ and have limited time for being outside of the house, whereas boys are free to go out at any time they wish. Moreover, being a male, gives the boys the right to ‘take care’ of the females in the family, even if the females are older than the ‘guardian male’.

For example Habibeh, who was 69 years old, had 4 younger brothers and one older brother, narrated that she realized that she was a girl when she and her three sisters had to ask for their brother’s permission to go out:

*“I’ve got 5 brothers; only one of them is older than me. But, when I was 8 or 9 years old, they told me that I couldn’t go out of the house alone without their permission. You know, going to school was OK, the other places, for example shopping, or going to my friend’s house. At that time it was difficult for me to understand it, as I was only 8, so we had many quarrels, and my mum and dad always supported their decision. This made me angry, but now that I have my own daughter, I can understand their attitude. It was their honour (Namoos) they were protecting. I think it is good to be taken care of, and that men feel responsible for taking care of their sisters, and even their mum.”*

Habibeh narrated an Iranian cultural concept which emphasises women need more attention and ‘taking care’ of—presenting women as weaker than men. Women have been considered as men’s honour, so it is the men’s responsibility to watch, guard and control them. This kind of ‘taking care’ imposes more restrictions on women. This also underpins men’s possession of women due to being related to men’s honour. Furthermore, being associated with men’s honour demonstrates that women cannot exist without men and that their identity is defined by one of the men of their family, which could be their father, brothers, husband or even all of them. Thus, women do not have an independent identity as they are always part of the honour of a man: the honour of their brothers and father before marriage and the honour of their husband after marriage.

Mahdieh, 51 years old with four brothers and two sisters, emphasised the dual rules in the family based on gender. She explained: *“boys had more freedom, and they didn’t have our limitations for being out of the house”* but *“girls not only had time limitations, but also had to be accompanied by one of the male members of the family”*. She gave an example of going to the cinema. She explained that even with her other sisters, before getting married, they could not go to the cinema, but had *“to beg someone”* (a man of her family) to take them and go with them, otherwise they could not go:

*“For example, a cinema visit wasn’t a very special thing; so maybe it’s not a very good example, but back then, we were kids and we liked to go. Boys could go to the movies, and they were free to go anytime, whereas we had to beg someone to take us; otherwise we couldn’t go.”*

There are different rules in the family based on being a girl or a boy, for example: the time spent outside of the house or even doing activities such as cycling or the way of spending leisure time, such as going to cinema, before getting married.

For Farideh, when telling her story of gender discovery, there was a strong distinction between herself and her brother. Moreover, she mentioned another essential point. She explained that telling her story was a kind of talking behind her parents’ backs, and she did not like to wash her dirty linen in public (in Farsi it is literally ‘*spit on your own face*’) which again places emphasis on ‘family honour’. As mentioned in the Methodology chapter under the “reflexivity” section (4.3), this can affirm the importance of the researcher’s positionality as an insider in order to hear women’s narrations of their sexual lives. Farideh explained:

*“Farideh: I can’t remember well, I mean, it was very long ago... (Thinking and silence) I have become old, and my memory has become weak (smile), but you know Iranian families like to have a boy, and some of them even prefer it. My family wasn’t like that, but you know, I could feel it that dad was very proud of having my brother. I mean having a SON! (With stress on son) And let me tell you something, I don’t know if it’s right to say or not..... (Hesitating)  
Elham: I will be glad to hear it, and be sure that all of your information is confidential, and whenever you like I can delete it.  
Farideh: You know, my parents are very kind and supportive, I mean they always support me, and it is washing our dirty linen in public if I tell you this. When my nephew was born (my brother’s son) my father was very, very, happy and for days he continuously told everyone that now his name will be alive! Then I thought THIS (with stress on ‘this’) was the reason for all that I felt during my childhood, the reason for all that pride!”*

Her narration can lead us to infer that it is still problematic and taboo for Farideh to talk about the limitations which were imposed on her, and to display the pressure she felt. Yet, she decided to take part in this research and narrated her story which demonstrates her active agency to break the silence. The participants stressed in their interviews that boys could play anytime and anywhere that they liked, in the streets and playgrounds, out of the house, but girls could only play at special places and at specific times. It was not acceptable for girls to play with their peers in the street, even when wearing the complete Hijab. Tahereh, 48 years old, and had just one brother, explained that she could distinguish her difference from her brother when she was only seven years old:

*"I loved to cycle in the street near our house, and play with all of the boys and girls who lived near us. But when I turned 7 years old, my dad told my mum that it was not suitable anymore for me to play outside of the house, and asked her not to let me play and cycle in the street with other children. My brother could do it. That summer was the worst summer holiday of my life. Whenever my brother got ready to go out to play and cycle, I cried. Then little by little crying changed to becoming furious".*

Tahereh explained that her sadness, due to gender discrimination which had been forced upon her, changed to extensive anger. The meanings that she perceived from a socio-cultural creation (gender discrimination) interacted with her body and mind and she consciously changed one status of her feeling (sadness) to the other (anger).

As Crossley (2005) mentions, the relationship between body, mind, culture, and social structure, is a reflexive action. The socio-cultural concept (gender discrimination generally and more specifically the cycling prohibition) shaped Tahereh's feelings and her mind, and they were constructed and

reconstructed by its owner in a reflexive interaction between the socio-cultural structure of the society and her body, mind and feelings.

Connell and Pearse (2015, p.48) refer to the interaction between the socio-cultural structure of a society, body and mind as “*social embodiment*”. As mentioned, Tahereh identified her gender through sadness and then anger and she also channelled this anger to try and improve the situation for her only daughter. She recounted:

*“Being a girl means confronting lots of limitations, and because of that when I was pregnant I prayed to have a boy and not a girl. But God gave me my daughter. So, I tried to prepare my daughter for an unequal world. I did my best for her education and let her flourish. But it’s not enough, I can’t destroy the limitations. They are all there. Now, she herself wishes she were a boy. Still I wish I had a boy and not a girl too. But now there are lots of differences between my generation and hers. They have far fewer limitations than us, or, I don’t know, maybe they don’t pay attention to these limitations and just do whatever they like to do.”*

Her attempt to change structures to improve the situation for her daughter had an effect in two ways. Firstly, it generated a feeling of disappointment in her daughter about her gender<sup>23</sup> and secondly Tahereh’s daughter and her peers have actively changed the situation to lessen the limitations as they have been educated more than their mothers.

Thus, Tahereh’s mind, body and feelings are interconnected through her social practice, which is preparing a better situation for her daughter to be educated and “*flourish*”. Her body and mind are both the object of the social practice of gender discrimination and the agentic in creating a new social practice (preparing an environment for her daughter to be educated and transferring her anger to her daughter about her gender). They are

---

<sup>23</sup> Tahereh pointed out that her daughter wishes she were a boy



simultaneously involved with socio-cultural structures and her personal trajectory, which in turn have constructed new conditions of new practices in which her daughter's body and mind are involved. These, in turn, have the potential to cause changes in the structures in a way to lessen the limitations on girls.

Sarah, a 57 year old paediatrician with two brothers and one sister, firstly explained that her parents' expectations for girls were different from those of boys, and then immediately, recounted her university experience, when she was an active member of the Islamic Association in medical school:

*"You know, we called ourselves brothers and sisters, at that time. Once in one important meeting, the head of the Islamic Association just asked the opinion of 'brothers'. We were four sisters among nearly ten or more brothers, and yet he totally ignored all of the 'sisters'. I couldn't keep silent. The sisters had to sit at back of the room, and I was sitting far back. I can remember. I shouted clearly from the back, and voiced my opposing view very loudly! I was cheeky from the first! (Laughing) The head of Islamic Association was surprised, but asked me if I was sister Sarah? (Laughing) He knew that it could only be me to be so cheeky, as he knew me well.*

Sarah started her narration by talking about gendered expectations of her family and directly connected her experience in her family to her experience in a bigger institution, a university in which she again confronted dual expectations based on being a girl or a boy. Thus, notions of gender difference and inequality occurred at key points in her life. Her university experience, at least in part, served to reinforce the social structures she experienced as a child.

When gendered behaviour, based on cultural structures, is established as a rule in the families, it reproduces easily in society. In other words, we act in structures and by practising according to those structures we reinforce them.

But there is of course agency and conflict and this is how change happens through generations. Cultural structures have reflexive interactions with meanings that individuals perceive, and within social processes that create the meanings. Sarah talked about a system of meanings and understandings which have accumulated through culture (gender based expectations). Power through family institution had imposed itself to generate a 'silence' identity for Sarah<sup>24</sup>, but she actively resisted and showed her agency by speaking out in the university meeting. Thus, by her contesting the use of socio-cultural power, Sarah challenged the gender relations norm.

#### *5.2.2 Gender Discovery through Sexual Awareness and Family Strategy*

An important theme across all the interviews was how participants recognized the meaning of their gender through sexual awareness and how their families responded to this. This included physical separation of girls from boys. Some participants identified their gender through physical separation which they believed was a kind of family strategy towards sexual awakening in their childhood. Therefore, in this section I analyse these two important themes in the women's narratives of gender discovery.

The women in this research believed that having sexual thoughts during childhood, especially for girls, can '*pollute*' their '*pure*' nature or as Zeinab explained:

*"It is awakening the sexual feelings, darkening the white nature and putting us in the premarital sexual activity risk, especially for the girls".*

---

<sup>24</sup> For being a 'good girl', Sarah had to abide to the gender regime and rules – not being outspoken etc...

In other words, firstly, having sexual thoughts during childhood can impair child 'purity' and secondly, this is more 'risky' for girls. Masomeh believes:

*"Children are pure and innocent, but the sexual desires are there. I mean naturally it's in their nature. So, why do we awaken it by exposing them to such dirty things?"*

The idea that children are pure and sex is a "dirty or polluting" natural force which may demolish children's purity and chastity is firstly sexual essentialism (Rubin, 2011) and secondly shows the symbolic meaning of sex as pollution (Douglas, 1966). Sexual essentialism is the idea that sex exists inherently before social life, identifies it with *hormones* and "individuals' psyches" (Rubin, 2011, p.146). The core criticism of this approach is that it ignores the *social* components of gender and sexuality, contending that biology determines gender behaviours and the stratifications of gender in society. Therefore, the historical and sociological components of gender and sexuality have been ignored in this perspective.

The women in this research also considered sexual feelings as an inherent part of the nature of human beings which is in a hibernation phase during childhood. As the women's understandings of sexual desire have been shaped by the meanings derived from their socio-cultural structures and gender order, so their understandings of the sexuality are rooted in the gender order of Iranian society. Most of the women considered sexual desire as "pollution" which can destroy the "purity" of a girl's childhood.

Douglas (1966, p.100) asserts that pollution is a way to signify danger by the dominant power in order to maintain socio-cultural structures (such as male privilege). For example, Zeinab pointed out the 'risk' of premarital sexual activity which is defined as a danger due to crossing the boundaries of the

cultural structure. It is believed that if girls have sexual thoughts their pure nature will be polluted. Here, pollution is shaped according to the social order and gender norms, and they are employed in order to establish the dominant gender regime of family and gender order of the society.

However, these women are not passive learners, and their bodies are not docile. Their agency can be illustrated in two ways. Firstly, the women understood the meanings of the cultural symbolism of pollution. Thus, they are active learners who are engaged in these gender politics. Secondly, although they believed that having sexual thoughts in childhood was 'risky', they had ambivalent feelings towards their sexual thoughts during childhood. For instance, Eftekhar, a 54-year-old woman, with two brothers and two sisters, expressed that she understood her gender through her sexual feeling and thoughts towards her brothers' friends, when she was 6 or 7 years old:

*"When I realized, whenever I saw my brothers' friends, I had a good feeling towards them, especially with the handsome ones! (Big smile) I started to dream about them, and thought that they came to our house for me and not for my brothers!" But, it was a very strange and dual feeling. It was a kind of joy which was mixed with shame, blame, and sin. Yes, mostly sin. I even thought I would go to hell because of having this feeling, until recently."*

Her first experience of sexual awakening is associated with shame, blame and feelings of sin which caused her not to value sexual pleasure. Nevertheless, the complexity is displayed when she also referred to the feeling the "joy".

By using the religious words such as sin and hell, she pointed out the significant role of cultural structure (religion) in the shaping of her emotions and sexuality. Concepts derive from their function within the social interaction rather than expressing the inner worlds or emotional concepts (Crossley,

2001). In other words, women understand the meaning of their feelings and emotions in the socio-cultural structure of their lives. Eftekhar perceived her first sexual awakening as 'sin' based on the gendered cultural structure, but at the same time she explained her joy. Her body and mind reflexively and purposively replied to this meaning. She consciously picked up a gendered concept of sexuality based on the hierarchical gender order which invoked feelings of shame. But at the same time, her agency expressed and revealed her feeling of joy. This is an example of reflexive embodiment through the process of perceiving the meaning and acting on it. On the other hand, it might be that she felt joy but as she did not want to be stigmatized, she consciously decided to disclose her feelings of ambivalence.

Tooran, a 50-year-old woman, had a similar experience with her cousin, when she was in fourth grade of elementary school. Her cousin was the same age. She insisted that it was not a sexual feeling, but explained that she had seen men and women kissing each other at the movies, as it was permitted before the Islamic revolution, and she had dreamt of kissing her cousin like the actress in the film and she "*enjoyed it*", but she felt "*bad*" about it. She emphasised that having this kind of feeling is "*bad for the girls*".

On this basis, all of the women who talked about gender differences through sexual awareness perceived sexual feeling and desires in their childhood, as a sin and a shameful act and at the same time had joyful feelings. They believed that having sexual fantasies during childhood and before their marriage were a negative aspect of their experience. They considered children have sexual feelings and desires "*naturally*", but that they should not be awakened in childhood.

The meanings that have been derived from the women's gendered socio-cultural structures have shaped their understandings of sexual desire, and their bodies have actively responded to these meanings within the cultural structures. The women reflected actively upon these cultural symbols: firstly they hid their sexual feelings and desires in their childhood, and secondly they expressed their ambiguous feelings of joy and sin. It seems that their bodies and psyches acted and replied purposively, and meaningfully, to suppress their sexual desire, as they did not want to be stigmatized or considered as '*the other*'. This indicates their reflexive embodiment (Crossley, 2001, 2007) which I revisit later in the 'Sex as a joy or duty' section (6.7), with regard to its effect on the bodies and minds of the women when they reached maturity had already married and wanted to start their 'legal' and 'accepted' sexual activity with their husbands.

The '*other*', or polluting persons, (Douglas, 1966) are simply the women who transgress the gender and sexuality order. Transgressing the gender order threatens the traditional sexual morality and is considered as a "*danger*" or "*risk*" (Douglas, 1966; 1992). Most of the women in this research regarded the new generation as 'the other'. For example, Fatemeh called them the "*indecent generation*" or Mahdieh believed "*they know too much about certain things that they shouldn't know about*", referring to the sexual knowledge of the new generation.

The second part of this theme is the gendered strategy of families towards girls' sexual awakening in order to prevent "*danger*" or "*risk*". This gendered strategy consists largely of physical separation from the males. Physical separation makes women have less knowledge about men and also reduces

their understanding about sexual activity before marriage, which can cause severe complications in their future married lives. Gender segregation is also a way of reproducing unequal gender relations and is a feature of in many patriarchal societies (Connell, 1987).

This element had two categories, physical separation from the other males, who were not “Mahrams”, and separation from their own brothers. A “Mahram” is a male person a woman is never permitted to marry (such as her father, grandfather, her son, grandson her uncles, brothers, nephews etc.), and she can take off her Hijab in front of them.

Nahid explained that whenever her brothers invited their friends to their house, she and her two sisters had to stay in their own rooms, until the male visitors left the house.

*“My mother believed, at that time, that our friends (females) should come to our house, but we should not go to their houses. To tell the truth, for us three girls, our friends were our brothers. However, we didn’t go to our girl-friends’ houses very much, nor did they come to our houses, at least not till we went to university. But my brothers brought their friends to our house, and it is funny that whenever they came we three sisters, were imprisoned in our rooms. We called out to our mother:” For God’s sake, mum, we are bored in this room. For God’s sake, tell them to leave”. I mean, it happened many times that when, for example Masoud (her brother’s name) said:” Saeed (her brother’s friend) will come tomorrow”, we all said: ”Oh, no, we shall be imprisoned in our room again? Mum!” However, when we got older we found that it was better for us that they didn’t see us, you know, because of the youth’s thoughts and fantasies.”*

Nahid could also recall that her mother did not let her or her sisters sleep in the same room with her brothers, and she always said: *“Girls shall not sleep in boys’ rooms. Girls’ and boys’ rooms shall be separated”*. She believed that *“it was the right thing and now I don’t let my girl sleep in the same room with my son.”*

Pooran, a 48-year-old, remembered a day when she was in the first grade of high school, and no one was at home. She was sitting on a rug on her house balcony, reading a book, when she saw her cousin, who was three years older than her, outside the house, but when he found that she was alone in the house, he did not enter and waited outside the house till their grandmother came. Pooran explained that, at that time, she did not know the reason but now she understands that “*cotton and fire must not be left next to each other*” and explained that girls are like cotton and boys are like fire. This example demonstrates that for Pooran, males are symbolised as active like a fire in sexual activity, and females are passive and have to wait to be burned. Furthermore, all the joy belongs to the fire which burns and all the suffering belongs to the cotton which has to be burned. Finally, as mentioned, cotton, is at risk of danger and needs to be “*taken care of*”.

Physical separation can firstly lead to social exclusion and secondly, objectifies women as ‘at-risk’ sexual objects which need “*taking care of*”. This created a huge dilemma for women. They live in a socio-cultural context which sexually objectifies their bodies, yet they have to feel shame and sin about their sexual feelings. Women perceived the necessity of physical separation of boys and girls from the socio-cultural structures that make up their social worlds and believed that it is a requirement for “*taking care of*” girls. This reveals the cultural consent towards this matter and reproduces hegemonic masculinity.

### 5.2.3 Gender Discovery through Physical Differences

Six participants defined their physical differences as a clue for their gender discovery, but most of them mentioned their non-sexual organs (e.g. having



long hair) were signifiers of their gender. Maryam and Anis both mentioned that having long hair was the mark for them to realize they were a girl and not a boy. Maryam explained:

*"I think it was more through hair. My cousins had long hair too, in fact, we all had long hair, and we showed it off. Boys had short hair so we said that those who had short hair, were boys, and we, who had long hair, were girls. We teased the girls with short hair. I think that physical differences between the sexes were first identified through hair length."*

In the gendered socio-cultural structure, having long hair is the symbol of being a girl and not a boy. Interestingly it is this *social* norm which in part reproduced *sexual essentialist* positions about gender. By accepting the norm and practising as active learners, who decided to have long hair and "*showed it off*" or teased the other girls with short hair these women also demonstrated their agency. As girls growing up in the gendered socio-cultural context they perceived the meaning of long hair as 'being a girl' and, as active learners embodied this meaning through a reflexive project in which it is (having long hair) reconstructed by its owner. Thus, her embodied gender must be seen as an effect of socio-cultural context and at the same time as a form of social agency in shaping and generating social conduct. Since women understood the meaning of femininity as having long hair; they purposefully modified their bodies in a way to avoid being stigmatized, making gender an important element for meanings of body modification in reflexive body techniques (Crossley, 2005). Anis also said: "*I always thought a person who has long hair is a girl*". And she expressed surprised she had not recognised other physical differences between herself and her brother:

*"Anis: But my brother.....I never thought of him as a boy, or ...nowadays... pardon me... children recognise genitalia very soon,*

*even my own children were eager to know about the differences when they were 3 – 4 years old. But we were not eager to know about that when we were at their age. Although, my mother took us to bath together, we were not aware of such things.*

*Elham: When you went to the bath together, did you realize your differences? I mean your physical differences?*

*Anis: You know, we went inside the bath by turn. Ooo...she didn't bring us together inside the bath. I remember clearly that in the public bath, either I came out, first, and then he went in, or vice versa; so it wasn't like us being there together. But I remember, clearly, in our house, we had a small pool and we played together in the pool, but never ever was there such a question in my mind.... But ...you made a new challenge for me... (Laughing)I started to think about that, why I never thought about these things at that time. Why I never thought that the two of us were different. (Laughing)*

It might be that this question had been raised for Anis, but she had suppressed it due to it being taboo.

Throughout my six-year experience as a midwife I found out that Iranian women considered naming their sexual organs is 'rude', and these interviews confirmed this. In my experience in midwifery, it is very common for a woman to talk about her problems related to the genitalia, by using pronouns, such as "*here*", "*there*", "*down there*" or "*inside*". In Farsi, the 'polite' name for breast (Pestan) is 'chest' (Sineh). Additionally, when medical staff talk about sexual organs with their other colleagues, they prefer to use the English words instead of Farsi. It seems using another language can disguise the erotic meanings of these words and underlines language as a site of the symbolic elements that reveals the gender order (Connell and Pearse, 2015, p.84).

Najmabadi (1993, p.488-489) indicates that modernity has transformed Farsi language through a process of "*sanitizing*". She believes before modernity, women openly named their sexual organs. For example, before modernity, women applied breast (Pestan) instead of chest (Sineh). In other words,

modernity has shaped a *veiling language* in order to cover the culturally scripted erotic meanings of these organs. She points out that even in some cases women prefer to use French words to hide the erotic meanings. For instance, “Basan” (bassin) is used instead of “Kun” (bottom/arise) and “sutian” (soutien) instead of “pestanband” (bra). As mentioned, in this research women also employed veiling language in order to describe their sexual feelings and organs.

In my interview with Anis, when she wanted to use word “genital” at first she apologized by saying: “*pardon me*”. On reflection I felt this might indicate why women did not mention, more frequently, the sexual organs as a signifier of gender difference and their gender discovery in their narratives. Anis emphasised that the new generation talks about “*these things*” easily.

Tooran was the only one who, very briefly, indicated the physical difference between herself and her brother without naming the organs. She had a brother 13 years younger than herself, and she said she found out about “*it*” while changing his nappies.

*“Well, my brother and I have a 13 year age difference. I was in second grade of middle school when he was born. It was the year of the Revolution, 1357(1979). At that time I can say, I hadn’t reached puberty, I reached it two or three years later, but, anyway, I knew about it while changing his nappies.”*

Zahra narrated that when she was in grade five of primary school; her grandmother told her that the difference between girls and boys is girls’ menstruation. She added that she did not know what menstruation was, but she realized that menstruation was the difference. In her case, at least one member of family had talked about “menarche” with her. Later, in the puberty

section I explain that almost none of the participants knew anything about their menarche before it happened.

To summarize the gender discovery theme, it is essential to mention that the narratives reveal that gender roles and gender stereotypes are important factors for Iranian Muslim menopausal women in the process of their gender discovery. The women realized their gender through discrimination, separation, sexual awareness and physical differences. In the first pair (discrimination and separation) the significance of gender roles and expectations is obvious, and power imposes itself through cultural symbolism.

According to the narratives, sexual awareness for women motivated feeling shame, sin and joy. They feel ambivalent towards their sexual feelings in their childhood due to the operation of culturally and structurally embedded gender roles and their desire not to be stigmatized. Therefore, Tooran insistently denied it, and Eftekhar disclosed her feeling of sin. The women also declined to name their sexual organs, being against the values they believed in. Although the physical reality of body is exposed in action, very few women mentioned their physical differences as their gender discovery. It can be interpreted from their comments that the women preferred to ignore these differences, due to their understanding of their sexual organs and the feeling of shame they associated with them. As mentioned above, these meanings can be perceived as being related to their socio-cultural milieux.

These narratives also display that separation of girls/young women from boys/young men is profoundly related to the control of women's sexuality.

Women employed the metaphor of *fire and cotton* for being with the opposite sex even during their childhood, which can explain their negative attitudes and ambiguous feelings about having had sexual fantasies in childhood and before marriage, leading to a lack of communication and information. Moreover, in this metaphor, women are cotton and men are fire, suggesting the dominant and active sexual power of men and passive sexual attitudes of women in the cultural discourse. In this way, the normative order of sexuality which has been imposed upon women (hegemony) has established hegemonic masculinities and femininities with the consent of women.

Crossley (2001, p. 86) asserts that meanings are not only structured collectively, but also they deliver their individual history. For women, in this research, sexual organs and sexual desires bore meanings of shame and sin but, at the same time, the women narrated those feelings and interpreted their meanings. They spoke of their social experiences and the cultural symbols in their minds, interpreted them and then acted by expressing their ambiguous feelings of joy and sin for their sexual fantasies and desires.

Their perception of their gender identity constitutes a reflexive action of their experiences and their agency. Yet, the women's choices are not absolute, nor a sign of their freedom, but are realised in the context of their possibilities and constraints.

### 5.3 Puberty

In this section, I explain participants' experiences of puberty. Connell and Pearse (2015, p. 99) highlight how *society's gender symbolism* gives meaning to important bodily changes such as menarche and the

development of a girl's breasts. By exploring this theme, I scrutinize these embodied gendered meanings and reveal the reflexive embodiment of women.

This theme has been divided into two subthemes emerging from the women's narratives: i) The women's experiences about growing their breasts and ii) The women's experiences about their first menstruation. The start of menstruation and growing breasts are both early signs of puberty for girls. However, for the participants in this research, these signs were not simply biological. The women highlighted their cultural perspectives and their reflexivity, during their narrations.

### 5.3.1 Growing Breasts

This section explores the women's experiences of growing breasts and discusses generational differences in this regard. As mentioned earlier, the women used word "chest" instead of "breasts" in order to be 'polite'. They had all had the experience of hunching to hide their breasts. Pooran (48 years old) explained that even now, when she wanted to talk about her breasts, she felt shame: *"I flush with shame. Look at my cheeks, you see?"* Then, she outlined the reason for her feeling shame; it was because *"they were obvious, even under Chador<sup>25</sup>"*.

*"They were obvious, so I felt shame. As they became bigger and bigger, I felt more shame, you know, mine were so big, and I felt, you see, that they were obvious even under Chador. I didn't like those bumps and bulges to be obvious. But they continued to grow bigger and bigger each day, and they were like a torture for me... to tell the truth, I still have this shame feeling inside myself, but now very little."*

---

<sup>25</sup> A Chador is a full-body-length fabric which is worn as Hijab, without any hand openings, and covers the women's body from head to toes.

Pooran consciously refused to name her breasts during her narration. As mentioned, in the “Gender Discovery” section (5.2), being a girl is associated with gender-based limitations and the cultural politics of shame. The more the sexual aspects of the body take shape the more shame is generated. Like Pooran, Nahid (51 years old) first mentioned that growing her breasts was “*strange*” for her and she emphasised that “*Indeed, we (she and her sisters) tried to hide them, ALWAYS (stress on always)*”. She explained that, although her mother gave her a very tight vest to wear under loose shirts in order to hide her breasts whenever they had a guest at home, she and her sisters “*stretched their shirt, by pulling it by hands*”. She then showed this to me by pulling the front of her uniform with her two hands: “*like this*”.

Nahid went on to explain that her daughter’s feeling is completely different to hers, as she had explained the different stages of puberty to her:

*“But you know, Bahar (her daughter’s name) doesn’t think about these things at all, I mean in the family and in front of her brother, dad or uncles, she considers it normal. But we were not like that, we almost walked slouchy to hide them. Believe me; even towards the end of high school I wore shirts two sizes larger than my size in order to hide them completely. We wore very loose and long clothes with trousers, even at home. We never wore shorts or tops at home in front of our brothers.”*

Nahid had not simply absorbed the socio-cultural structure. She engaged with it and moved forward by giving information and knowledge to her daughter, changing her situation to practise new lived sexual experiences.

Zahra (51 years old) explained that all girls must have this feeling of “*shame*”, even in front of their brothers and fathers, as it indicates their “*chastity*” and “*modesty*”, important characteristics of a “*good girl*”. But she felt that her two sisters were “*lucky*”, because their only brother was “*too*

*young*” (10 years younger) “*to understand these things.*” Therefore they “*did not have a hard time hiding them.*”

Crossing the gender order by not hiding their breasts in the presence of boys or men can be considered a “*danger*” or “*risk*”. Zahra and her sisters had a younger brother who could not discern the gender order; therefore they were ‘safe’ and “*did not have a hard time*” having to hide their growing breasts and their sexual identity.

In the following narrative Mahdieh (51 years old) referred to the experience of growing her breasts as a “*terrible event*”, and like Nahid, pointed out that the new generation has completely different behaviour and feelings. She also believed that “*it’s not good to be very comfortable*” with the growing breasts like the new generation, similar to what Zahra believed:

*“Elham: How did you feel when your breasts started growing?”*

*Mahdieh: My Gosh, it was terrible.*

*Elham: Why?*

*Mahdieh: (she lowers her voice) because I had four brothers, and although my family wasn’t that religious, it was still a bit difficult, I remember I even wore a Chador inside the house, because of them, and when I wanted to sit down, I wouldn’t sit in an upright position, I used to hunch to hide them. I used to think they are very bad things. (She showed her breasts to me)*

*Elham: What do you think now?*

*Mahdieh: (smiling) Now? No, I don’t feel like I did before, but still I’m not comfortable with them. But you know, nowadays kids don’t feel like us.*

*Elham: Is that good or bad?*

*Mahdieh: It’s not good (hesitantly) because (pause) they feel too comfortable. Ours (our feeling) was not good, as it was very inconvenient for us (Smiling) but as I told you, now they are too comfortable. I don’t think this is good.”*

Mahdieh’s words emphasised the significant gap which exists between the beliefs of her generation and the new generation.



Eftekhar (54 years old) indicated that she still felt them to be “very shameful”, and “*tried to hide them by slumping*”:

*“So you can see, still, I have this bad posture when sitting. Also, for a long time I wore men’s shirts which were very loose, and had two pockets in front of the chest. So these hid them. I really felt ashamed about them.”*

Maryam compared her experience of menarche and growing her breasts. She believed both of them made her feel “very sad and upset because they were the signs of getting old in a special way”. But growing her breasts was more upsetting due to not being able to conceal them. When I asked her to explain further she clarified that she considered her puberty as a transition from childhood to adulthood:

*“Elham: What do you mean by getting old in special way?*

*Maryam: Mmm.... For example, you are not a girl anymore, you become a woman, you're not a kid anymore, I know it wasn't like that, but then, I thought I'd grown really old. The first one that I told was my cousin as I had a cousin who was the same age as me. I told her what had happened to me. I wasn't too sad about the period itself, but (very quietly) when my chest [instead of breasts] started growing, that made me really and deeply sad, because others could see them too.*

*Elham: Why?*

*Maryam: I used to think everyone saw them, or they were useless, extra things that kept growing and coming out of my body. I can remember clearly that I always told my cousin that the ‘period is better as no one can realize it and we can hide it, but these things...’ I don't know why we were so worried and terrified. Nowadays, kids are not like we were, but then, it was a very important issue for me.*

*Elham: How did you hide them?*

*Maryam: I used to crouch all the time, (Smile) I even remember using tape all over them to make them smaller so others wouldn't see them, and when I talked with her (my cousin) about it, she also admitted that it was a disaster. It was more...”*

Maryam interpreted the development of her breasts as shifting from having a child’s, to a feminine, body. For her, having a feminine body meant more limitations and also having more responsibility as an adult woman, so she was sad. Growing breasts can be considered as the core of the feminine

body. It is important to note that all of the participants expressed feelings of “*shame*” and “*embarrassment*” about growing their breasts. This displays the social nature of shame which shaped the lived experience of women in their puberty. Thus, hunching and crouching, which have been repeated in most of the women’s narrations, can be explained in two ways:

Firstly, the socio-cultural structure of the society creates a milieu in which women felt shame about their sexual identity. And this shame is based on the gender regime of social institutions such as their families. Women narrated their experiences within a complex web of morality and control, to hide the sign of the feminine body, in order to show their chastity. But because they did not want to accept the consequence of being “*the other*”; they actively hid their breasts by hunching. Their agency can be recognised through their hunching and their gender practice, which involves their bodies, by hiding the first signs of their sexual identity. However, their agency is circumscribed as it involves them altering themselves to conform to the dominant social norms, rather than actively challenge them.

Secondly, as was revealed in Maryam’s narration, growing breasts can be the first sign of womanhood, entering a life stage of limitations and accepting responsibilities that come with this stage of life. And the women actively used reflexive body techniques in attempts to hide the feminine body by hunching and crouching to postpone or conceal this transformation.

### *5.3.2 Menstruation and Menarche*

This section examines the women’s lived experiences of their menarche. Commencing menstruation or menarche is another important sign of puberty,

and a very significant experience in women's sexual lives. Accordingly, understanding women's experiences about their menarche can shed light on the gender order, their reflexive embodiment and their sexual lived experience. Johnston-Robledo and Chrisler (2013) identify menstruation as a source of social stigma understood by three categories of stigma (Goffman, 1956): physical attributes, blemish of individual character and tribal stigma of gender or sexual orientation. Schooler, Ward, Merriwether and Caruthers (2005) clarify the link between menstrual shame and sexual decision by the mediating of body shame. They emphasise that menstruation and sexual activity have the same intimate place in women's bodies, therefore feeling shame about menstruation will have a significant impact on the women's general attitude to sexual activity.

Most of the participants in this research had no knowledge about menstruation before its onset, and found it "scary" and "shameful". The reasons for their fear were either that they thought they "*had got some bad illness*" or they had lost their virginity.

Zohreh (47 years old) explained that her parents believed if girls knew about "*those things*" (menstruation) "*they would become rude and cheeky*". Therefore, when she saw her menstrual blood for the first time, she was scared and cried a lot. When I asked about the reason of her crying she replied:

*"I'm really sorry to say that, but at that time they believed a girl must be so untouched, that on their wedding night, when they have that thing [sex], the family's honour is saved. When I saw blood for the first time, because of what I had heard, I thought mine was ruptured."*

Reihaneh (59 years old) cried too, but she explained that she was terrified, because she thought *“she had got some bad illness”*.

During the interviews, I became aware of a tradition in which some mothers gently slapped their daughters' cheeks when they found out about her first menstruation. Some women believed the reason for this tradition is that the *“girl would not be cheeky and shameless”*, after this action. Others, however, claimed to not know the reason, and just said *“it was a tradition”*. Although the slap was very gentle, as the women described it, all the women who experienced this tradition expressed their shock and fear after being slapped.

Sarah (57), Fatemeh (51), Razieh (65), Hoda (66) and Shokooh (60) all said that they did not know what had happened when they saw the blood, and when they told their mothers, they slapped their cheeks. Sarah explained:

*“Sarah: It was autumn, I returned from school and when I wanted to change my clothes I found a big blood stain. I was terrified as I didn't know what had happened. My heart was in my mouth, so I ran and found my mum. When I told her what had happened she slapped my cheeks very, very gently. You know, at that time mothers did this when their daughters experienced their menstruation for the first time.*

*Elham: Why?*

*Sarah: Because they thought the girl would not be cheeky and shameless, it was a very, very gentle slap. It was a tradition at that time.”*

Nahid was *“afraid a lot”* when she saw the blood stain, as she thought she *“might have fallen down from somewhere, and lost her virginity”*. Eftekhar also expressed her confusion and fear, when she saw her menstrual blood:

*“No my mum didn't tell me anything. I was scared stiff and confused. I liked to climb up the mulberry tree in our yard with my brothers. They always banned me from doing that. My sisters never climbed the tree. So, when my menstruation started, and I saw the bleeding for the first time, I thought I lost my virginity because of climbing the tree. I was really terrified.”*

Menarche for Eftekhar was a double revelation. She thought that she had lost her virginity by breaking a rule, but later she found out that it was the beginning of her menstruation. In other words, she learnt about her menstruation through what she felt was breaking a rule. She had not lost her virginity but she understood her menarche through a process of her active agency against a gendered rule (climbing the mulberry tree) in her socio-cultural milieu.

Climbing the mulberry tree was a joyful experience for Eftekhar, but it accompanied her menarche which was a scary and painful experience due to her lack of knowledge. Later she mentioned that she did not have any knowledge about sexual activity before her marriage either. And it is this lack of knowledge that connects her sexual activity to her menarche and her feelings toward both of them. Eftekhar's experience uncovers first of all her active agency against gender order and secondly the connection between her attitudes to menarche and her sexual activity.

Anis narrated her daughter's experience:

*"Anis: Uhum, you know in the past there was a difference between... there was a kind of shyness between mothers and children. There is such a condition for my daughter too. She started her menstruation, just when she was supposed to go to first grade in secondary school. Although she was a child of the 70s [in the Persian calendar, it refers to 1991- 2001], she didn't know about that.*

*Elham: Didn't you tell her about it?*

*Anis: No, I didn't tell her at that time; I thought she was too young for that. It was a mistake. I found her crying over what had happened to her. She thought she had cancer. She thought she was sick, and however I explained it, she didn't believe me. So I had to call her cousin, and ask her to explain it to her. Now I can see that I made the same mistake as my mother had made with me in spite of the fact that I was more educated than her. I mean, I am a teacher and she was a housewife, but no, my mother didn't tell me about my menarche either".*

Feeling shame when talking about the menstruation, even between mothers and daughters, was a common theme among the participants. Feeling shame made Anis deny her daughter's growing up as she did not wish to talk about her menarche with her (*"I thought she was too young for that"*). Anis was unable to accept her daughter's emerging sexuality and justified her behaviour by saying that it was too early for her daughter's menarche. This shows that accessing information about puberty is very difficult for women. Pooran also hid the start of her menstruation for nearly one year, as she felt *"too ashamed to talk about it"*.

*"Pooran: I had a sister who was one year older than me, so she menstruated much sooner than me. Therefore, I knew about this matter, so I was waiting for that. And maybe for one year.....No even for two years.... None of my family knew about it, even none of my other sisters, I didn't let anyone in my house know that it had started. I knew I should not pray about it. Do excuse me, but when I was like that, I said my prayers to prevent them from knowing about it. Elham: Oh! You did say your prayers!"*

*Pooran: I knew that I shouldn't say my prayers, at that time, but didn't want to let the family know about it. I mean, I got up early to do my morning prayers. Later, one day when I was taking a shower, I had a problem, and I had to tell my mum, and at that time she said: "Oh, why didn't you tell me anything?" I answered, "It was not necessary (laughing) because I knew everything."*

*Elham: Why didn't you tell her?*

*Pooran: I felt too ashamed to tell her."*

Although Pooran did not use the word "menstruation" in her narrative, and just pointed it out by employing pronouns, such as *"this"*, *"that"* and *"it"*, she apologized to me, when she wanted to talk about her menstruation. The participants also used the phrase *"getting clean"* instead of 'finishing the menstrual cycle'. Mahdieh narrated:

*"My mother, yes it was my mother, she told me when I had become clean [instead of finishing the menstrual cycle]. I have to do Ghusl."*

This indicates that in their perspective, menstruation is not clean, or that it is a source of 'dirtiness'. Muslim women believe that they have to perform Ghusl after finishing their menstrual cycle. Ghusl is a ritual, or religious bathing. Women are obliged to perform it after menstruation, sexual relations, childbirth and touching a dead body. This suggests that bleeding alone is not the reason for performing Ghusl. However, in this matter, the place of bleeding is crucial, in this example, the vagina. For instance, there is no need to perform Ghusl following finger or the gastrointestinal, or penis bleeding. The fundamental point here is the place of bleeding which is the vagina. The vagina shaped the menstruation as a shameful experience for participants making them apologize for naming it, just as they did when naming sexual organs. In essence, the vagina makes menstrual bleeding 'dirty'.

Douglas (2003) articulates that the idea of 'dirt' or 'pollution' is not related to hygiene, though, as it is a symbolic system, can display the process through norms and structure that have become institutionalized. She believes that the place of dirt has an important role in defining it. Dirt is not about the event, but about its place. Similarly, Connell (2012, p.1676-1677) defines cultural symbols as one dimension of gender, comprising *symbolism, culture and discourse*. She argues that the cultural dimension of gender defines the ways that gender identities have been shaped by culture, language and symbols. Moreover, Connell (2002) underlines that power imposes itself through culture and cultural consent, by defining dominant beliefs and attitudes about gender.

The tendency not to talk openly about menstruation, or sexual organs, showed itself even during the interviews. Firstly, this was evident in decisions not to use the actual words for menstruation and those of sexual organs, replacing them with pronouns, and secondly, by talking indistinctly, or in a very low voice, even when using those pronouns. Although the participants were interviewed individually, and no one was in the room except me and the interviewee with the exception of one participant, whenever they wanted to talk about their sexual organs, or menstruation, they whispered or talked in a very low voice.

As sexual organs and sexual signs of women are sources of secrecy, gaining knowledge relating to menstruation and sexual matters was barely possible for the women involved in this research. Moreover, the findings show that most of the women exercised some degree of control over their daughter's learning about menstruation and sexuality, an indication of cultural consent.

In contrast, I consider the women's participation in this research as indication of their agency or active political practice in two ways. Firstly, their narratives offer powerful re-evaluations of their lives, requiring a critical, agentic review of their lives and position in society. Taking a biographical approach to the research meant that I could facilitate a reflective space for participants to tell their stories about gender and sexuality. For instance, Anis expressed that telling her life history allowed her to change her view. In this sense, she and I, as researcher, entered a relation of alignment in order to re-evaluate the gender order. This reflexive space also developed my understanding of women's agency in their sexual lives by listening and learning from their narratives.



Secondly, and of greater importance, the women had made clear decisions to participate in the research despite having learned not to talk about their sexual lives, even with their mothers. The hegemony of being silenced had been imposed through a complex process of gender order to establish a normative form. They talked of their sexual lives for me, even if in a very low voice. Narrating their stories for me, the women linked themselves to one of the others and this helped them to speak up. By speaking up and narrating their sexual lives/sexual stories when given the opportunity, they challenged the hegemony of secrecy and silence. I considered their active participation as an active political practice demonstrating their agency.

The next theme emerging from the interviews is family management of sexuality which further explores the family reaction towards their daughters' puberty and their first signs of sexuality.

#### **5.4 Family Management of Sexuality Signs**

This section will examine the strategies of mothers in managing signs of a girl's puberty using silence and secrecy, and restriction, with the aim of 'taking care' i.e. hiding the developing sexual identity from fathers, siblings and other family members.

Most of the women who took part in this research had no, or very little, knowledge of menstruation before their menarche. Having explained participants gained their knowledge, I now explore the reactions of their families.

Being silent and secretive were the dominant reactions in the women's families, which made gaining knowledge about their bodily changes almost

impossible for the women. They described having to hide the signs of puberty including their menarche. The complex relationship between the occurrence of puberty, and reactions within the family shaped the women's understandings of their bodies and sexuality.

Crossley (2005) highlights the concept of embodied gender, and argues that gender can be a significant factor for determining a specific zone for a particular practice. Disclosing puberty for girls can place them in the marginal zone (deviant practices), resulting in body practices such as secrecy and slumping that serve to hide all the signs of puberty and return them in the core zone (normal practices).

The participants mentioned that *shame*, *decency* and *chastity* are the reasons for mothers failing to talk to their daughters about their puberty and sexuality. Tahereh explained:

*"I think my mother didn't talk about these things with me, because at that time they thought it made girls rude, and that they wouldn't respect their mothers anymore if they talked about these things with each other."*

Similarly, Mahdieh believed that "*feeling shame*" was the reason for not asking her mother questions. But she pointed out that the new generation is different:

*"Not teaching exactly, you know, we were kind of shy, but now kids are very confident, they talk about it. For example my daughter, she says everything about it, but we were ashamed to talk about it with our mothers. We couldn't ask a lot of questions about it. We had a lot of questions but we felt ashamed to ask our mothers."*

Zohreh explained that when she saw the blood she was crying, as she thought she had lost her virginity. When her mother asked her the reason for her crying and she told her about the blood, her mother did not explain about

menstruation, and her reaction was apathetic. Therefore, Zohreh thought losing her virginity was acceptable for her mother:

*"I was at home. Then I told my mum, but I was in two minds about telling my mum, so I hesitated. When I told her, she said it was nothing. I wondered if she had accepted that! (Laughing) I thought she had accepted that I was not a virgin."*

Anis explained that when her mother was aware of her menarche *"She did nothing important, she explained very briefly, but she didn't say what I should do after this point."*

All the women who participated in this research hid their menstruation, as a distinctive part of their sexual identity, from other members of the family, particularly the males. In comparison, young males did not have to hide their sexual identity, for instance by growing a beard. Here we see that, menstruation as a sign of puberty is the object of social stigma linked to gender identity, specifically being female. Disclosure of sexuality was the object of social stigma, considered as being Gostakh (گستاخ) which I have translated as "shameless", "feisty" and "rude"<sup>26</sup>. Gostakh (گستاخ) is a word which was used frequently in the women's narrations when they wanted to explain their secrecy and when they wanted to talk about the new generation. In the Farsi dictionary, Gostakh is defined as a person who is rude, brave and frank. This definition shows the controversial meaning of this word, which has positive and negative connotations. Gostakh can be understood as a person who speaks up, indicating active agency. Gostakh describes a person who 'speaks out' even if it risks being stigmatized. On this basis, talking and revealing the signs of puberty are an expression of

---

<sup>26</sup> There is no direct equivalent in the English language.

active agency for women willing to cross the gendered socio-cultural structure.

In Islam, a menstrual woman must not say her prayers or fast, and one way of hiding menstruations from the other family members was appear to be saying their prayers and fasting. This also shows the power of religion in behavioural and bodily conformity during fasting time or praying which forces the bodies to obey the rules. Zahra recalled that she and her sisters had to pretend to pray and fast, but now her children had their own private rooms and prayed in their rooms, so there was no reason for pretending:

*“Now children have their own private rooms. My daughter is not too rude to sit in the living room while her brothers are praying. In our family we go to our own rooms at prayer time. So, she goes to her room at prayer time, and they think she is praying. But, when she can’t fast she pretends to, and so I give her food, stealthily. Most of the time she is alone, we are at work and her brothers are out, so she can easily eat whenever she wants to. Our house is secure.”*

Unveiling puberty, which is a marker for the feminine body, can be considered as crossing the gender order, and can shape a “*risky*” situation. Zahra recalled her experience and compared it with her daughter’s experience. She pointed out that her house is a secure place in which her daughter could easily hide signs of her sexuality (menstruation). She believed her daughter lived in a “*safe*” place as she could conceal her feminine body and puberty. In Zahra’s point of view, sitting in the living room could disclose her daughter’s menstruation; and, this would be considered “*gostakh*”. By disclosing the feminine body, girls can practice their active agency by crossing the gender order.

Sarah also explained that if she had not pretended to be fasting and praying, it would have created “a big question for her brothers and her father”. Therefore, to prevent having to answer questions, she pretended to fast and pray. This secrecy is maintained, not only in front of fathers and brothers, but also the sons. Anis explained:

*“Yes, yes, we did. For example in Ramadan, I can clearly remember that my mother woke me up for Sahar [Sahar means dawn, in Ramadan Muslims must fast from dawn til sunset, therefore they wake up before dawn to have a meal] to prevent my father knowing about my menstruation. Although I think he knew about that, but.... we also did that... When I grew up and even when I was pregnant, I can remember exactly, that in Ramadan I pretended to fast in front of my son.”*

This secrecy was recognised as chastity, modesty, purity and politeness by all participants in this study.

A second response, follow up the menarche was placing restriction on girls with the aim of taking care. For example, Reihaneh explained that her mother’s reaction to her menarche was to warn her about communicating with boys and men:

*“It was then when she told me, after its starting [menstruation] that I have to take care of myself. She told me when I go out in the street, I have to be careful when with the boys, and I shouldn't believe whatever I hear, I shouldn't speak to men that I don't know. It was also then, when she told me how to pay attention to hygiene when it happens, and such things.”*

When Reihaneh’s mother wanted to explain about menstruation she focused on gender rules and did not point out its physiology, its function or its link to sexuality. Mothers did not talk about their daughter’s puberty, unless they wanted to place emphasis on restriction and gender separation, under the guise of “taking care”. It seems that they conceptualised the girls as vulnerable, “at risk”, needing to be “taken care of”, especially after their

menarche. Being “*at risk*” creates further restriction for the girls. Zahra narrated:

*“A Hijab was important for us. We had a Hijab from 9 years old. Before menstruation and the growth of breasts, we always wore a Hijab, but we still played with our cousins while wearing a scarf. Little by little, as we grew older, our play changed, and then we wore a white Chador at home. After our menarche we stopped those games as well.”*

Maryam recalled that her mother ignored her growing breasts by not buying her a bra and finally it was she who reminded her mother to buy a bra, as she needed it. She knew that she needed a bra as she saw the other women wore them. Her speaking up for demanding a bra, also, shows her agency.

Women’s sexual identity depends on their bodies, and their bodies are part of a complex social context (Turner, 1992; Crossley, 2001). The women in this study indicate that their bodies and, consequently, their womanhood have been covered in secrecy by the Iranian socio-cultural context. In other words, the women in this research experienced their bodies and puberty through interaction with the institution of family which delivers particular meanings attached to secrecy and being ‘*at risk*’. As these interactions are rooted in gender order practice, women’s bodies and their actions (secrecy) are therefore woven into the social action. This strategy considers women as “*at risk*” and needing “*to be taken care of*”. In the next section, I further analyse this by explaining the virginity proof system.

### **5.5 Virginity Proof System**

This section describes two different systems of ‘*proof of virginity*’ narrated by participants in this research. Traditional proof of virginity is bleeding from the ruptured hymen, and showing the bloody sheet or napkin as evidence. But,

there has been a transition from the traditional way of demonstrating virginity to the use of the medical profession. I am referring to the medicalization of *proof of virginity*, where an examination is made by a physician to find out if a girl has had sexual intercourse with a man before her marriage. I regard this practice, in the context of this research, as control, by medical professions, over women's bodies and their sexuality (Christianson & Eriksson, 2015) as well as humiliation of the women (see Hafez, 2014).

Having a sexual relationship out of marriage is seen, in Iran, as taboo and it is also illegal. Being a virgin not only represents the chastity of girls, but can also be considered as evidence of her family's honour. Therefore, proof of virginity is an important ritual in Iranian culture, imbued with both literal and symbolic power. All the women in this research had the experience of having to prove their virginity by one of the mentioned ways. In all cases the women themselves, their mothers, or their mothers-in-law, had insisted on performing a virginity test. Most did this in the traditional way where they had to show the bloody sheet after the first intercourse on the wedding night, in order to prove their virginity. This was considered both humiliating and traumatic. Despite this, the group of women who had the experience of seeing a physician to test their virginity, not only consented to this system, but also encouraged their daughters or sisters to do so.

Habibeh, who had experienced the traditional system of proof, continued to believe that the virginity test is necessary for all girls, in order to "*prevent possible future problems*". She explained that her husband did not believe it was necessary, but she kept the bloody napkin and showed it to female relatives including her mother in law.

*“Habibeh: No, I didn’t go to see a doctor, but, yes, I had napkin and these things, it was a custom at that time.*

*Elham: Then, did you show your napkins to anyone?*

*Habibeh: Yes I showed it to my mother and my uncle’s wife and my mother-in-law for example. But my husband didn’t want it. My husband disagreed with that. He said: “What is the meaning of this, why do you do this...”*

Almost all the other interviewees who experienced the traditional proof described their experience as traumatic. Anis narrated:

*“Anis: I hated myself that night for doing it.*

*Elham: Why?*

*Anis: I don’t know, but even now when I am talking about it, I feel very bad about it.*

*Elham: Why do you have a bad feeling about that?*

*Anis: I don’t know. I feel it is an insult to me. It is really an insult. No? Isn’t it?”*

Pooran explained that at first proving virginity for her meant “*not being trusted*”, so she “*felt humiliated*”, but later when she found out that it was a tradition she felt better.

*“First I had a very bad feeling, feeling humiliating; I mean you feel you are not trusted. I felt they don’t trust me. And none of my family members were experienced this, either girls or women, or at least, they never talked about this. But my mum said that, maybe, it’s their tradition. Then, I saw that when their daughter wanted to get married, my mother-in-law emphasized that they had to visit a doctor, to prove her virginity, as she believed she would need it one day in the future.”*

This can reveal the importance of “cultural consent” in maintaining gender order (Connell, 1987). As Connell and Messerschmidt (2005) and Messerschmidt (2008) point out, a hierarchy of gender relations, accompanied by cultural consent, can illustrate the pattern of hegemonic masculinity.

Nahid, a midwife, explained that no one asked her to do the virgin test, but she herself wanted to, because of her experience as a midwife, and “*seeing*



*lots of arguments on this issue*". She asked her sisters, also, to do the test, and emphasised that she would ask her daughter too.

*"I went by myself, I went to forensic medicine with a picture and copy of my identity card, because I saw such things a lot, especially when I worked in the clinic in Damavand or in Mahalat. There, people attended from every social class. I have seen lots of struggles and arguments on this issue. They brought the bride with wedding clothes and make up at midnight to the clinic, why? To ensure she was virgin. Why? Because she didn't bleed after the intercourse. Who needed to know? It was the people who couldn't accept she was virgin, as she didn't bleed. They didn't know what the hymen ring is. As I saw such things, I decided to go to the clinic without letting anybody know. I went to the forensic medicine clinic. I went there and told them about my condition, no one had asked me to do such a thing, but I wanted to keep it to myself. The doctor, God bless him, was a very good man, who now has passed away. He told me it was necessary for any girl. He gave me a piece of paper and put my photo on it."*

The role of physicians in this process is very significant. This example demonstrates the role of medicine for regulating sexuality in women. Pooran explained that her mother-in-law suggested her seeing a physician to undergo the virginity proof test. She mentioned that she did not know about sexual relations before her marriage and the physician who did the virginity test did not use this chance to explain it to her either. She narrated:

*"We went there and they felt relaxed that I was virgin, and the doctor, explained everything to them, but she didn't explain anything to me, you see, she just explained it to my mother-in-law, my sister and my mother, that, pardon me, her hymen is like this and like that. She would bleed this and that...I knew something briefly, but not completely, and she didn't even bother to talk with me about what would happen or at least give some information about these things....."*

Zahra was the only participant who went to a physician with her husband to do the virginity test:

*"Elham: Did you have napkins on the first night of marriage?  
Zahra: Oooh... napkins...not actually...because we didn't have a wedding party. My husband and I went to Mashhad. But we went to an obstetrician, and she explained this and that and gave us a letter*

*which proved my virginity, and after that no one asked about this. Neither my family nor my husband's family."*

Being a virgin is a symbol of 'purity' and having sex before marriage is a 'risk' due to crossing the gender order rules. And the importance of being virgin can be clearly understood through women's narrations. But while most the participants were uninformed about their menarche they were aware of the importance of having an intact hymen as a symbol of women's virginity and family honour. Hence, it was crucial for them to prove their virginity and their chastity. None questioned the necessity of proving their virginity but most were unsatisfied with the traditional form of proof. This, points to the continuing strength of cultural consent and hegemony in this matter.

Participants' accounts also suggested that proof of virginity has shifted from a traditional practice to a more modern practice which involves the medical professionals who function as verifiers of chastity, thus clearing the way to the 'honourable' claim to first vaginal intercourse. The intact hymen has a symbolic meaning for chastity, and medical experts expend their responsibility to control the moral sphere by proving the 'chastity' of a girl through their biomedical gaze. In other words, biomedical gaze shifts to a moral tool in order to evaluate girls' 'chastity'.

This role of medical experts provides a guarantee and reinforces the gender order and its hegemony. Professionalizing the virginity proof system confirms the place of women's bodies as a site for the medical and social control of women's sexuality. Women's bodies act as a site through which the interrelation of their sexual identity, agency (cultural consent) and medicalization, are based on and reinforce the gender order. Moreover, all of

the women except Nahid were visited by a female health professional which highlights the importance of cultural consent.

### 5.6 'A Girl' and a 'Good Girl'

In this part I present the final theme of this section, the expressions and definitions that the participants used to define 'a girl' and 'a good girl'. This defines the normative expectations, from the participants' points of view, that reveal interpretation of femininity and masculinity, as well as gender relations between men and women. Connell (1995) identifies the relationship between a set of behaviours and feminine or masculine identity which can constitute gender order. By analysing participants' experiences and understandings, I contribute to the concepts of *gender order* and *hegemonic masculinity* ascertaining how the gender order has been shaped by women's consent and mapping the hegemonic masculinities (Connell, 1995; Connell & Messerschmidt, 2005; Connell & Hearn & Kimmel, 2005).

Analysis of the interview data revealed three sub- themes: i) physical appearance as agency; ii) domestic labour and marriage as girls' destiny and iii) chastity and modesty as signs for being a good girl. The common point between these three sub-themes is cultural consent for gender roles and gender order.

Zohreh pointed out that a girl can "*attract others to herself*", and concluded "*if you put a beautiful girl in a glass, she will do what she wants to, even in the glass*". Zahra also explained:

*"As a girl wants to expose herself to have a good chance for her marriage, the beauty of appearance is desirable for a young girl; to be*

*like a flower that has attraction, and then they can do whatever they like”.*

Both these words suggest a perception of a girl as a sexual object which needs to be attractive, an argument that, a girl’s attractiveness shapes her agency, that, a girl needs this kind of agency to make a good choice of marriage, and finally that marriage is crucial for girls as they cannot live independently. This suggests that girls always need a man “*to take care*” of them. This man at first is their father or their brother and then their husband. But, it also suggests that they are using conformity to get and do what they want. However this is always in conditions not of their choosing.

However, while girls are viewed as sexual objects (and subjects) they are also expected to hide their sexuality to prove their ‘chastity’ and ‘modesty’ which are key factors in being a ‘good girl’. These two examples represent how cultural structures and symbolism can define cathexis (the women’s emotional relations) and femininity.

Nahid believed that “*girls go to university to find a suitable husband and then get married*”, and so she thought that her daughter’s subject in the university would not be important. The important matter for her was “*to find a good man to care for and support her*”. She stressed that girls needed to be supported. Later, she compared her daughter with her son, and explained that “*in the end she has to get married, and she won’t have any responsibility, but my son will be a bread-winner.*”

Nahid considered that girls had no responsibility except to find a “*good marriage*”. Whatever they do, they should pursue this goal. In her view, girls’ education should help them to reach this goal (“*good marriage*”). Thus, the

subject of study is not important for girls as it is not the main goal. Moreover, she regarded her daughter as a dependent subject/object who needed to be “supported” and “cared for” by a man. Nahid’s words display a system of understanding of a girl through the gendered cultural context.

Mahdieh and Zahra believed that it is the inevitable destiny of a girl to do domestic labour. On this basis, Zahra did not let her daughter help her with the house work, as she would have to do it later:

*“I always tell my daughter: don’t do the chores and house work. Why do you have to do them now? You have to do them anyway when you get married. It’s your destiny to do it later, when you get married.”*

The women in this research did not question the conventional sexual division of labour. Although many of the participants had a full time job out of the house, house work remained their responsibility. This cultural consent in accepting gender roles such as taking care of children and doing domestic labour also represented in the definition of a ‘good girl’, further illustrates the hegemonic masculinity of the sociocultural context.

From Zahra’s point of view, “a good girl has chastity, modesty and shame”. And Zohreh, explained that her mother believed having sexual knowledge made a girl *rude*:

*“They thought girls mustn’t know anything about those subjects, because they would become rude! They thought a good girl’s eyes and ears are closed!”*

Mahdieh mentioned that her mother believed that doing activities, such as jumping or playing football, are not “girly things”:

*“They told me not to jump down from higher places, and such things. They thought it is not good for girls to play football, or do lots of*

*activity... but, right now; they don't stop their kids from doing such things. They used to tell us a lot that these things are not girly things."*

Pooran's parents told her that a girl has to keep silent and not be insolent.

She believed this is the reason why she could not claim her rights:

*"I didn't do that. I couldn't do that. Maybe it is because of my family training. As I am a girl, they always told me, you should not talk (emphasis on 'talk') but currently, I feel better... but, in the situation that I must get my rights, I keep silent always."*

These narratives present a 'good girl' not only as a girl who knows her gender role and accepts it, but also as a silent girl with chastity and modesty.

Through all of the interviews, there was a clear distinction between masculinity and femininity, what a male can do and what a female can do, between what represents masculine and feminine behaviour at home (private) and in society (public), and who can be an active agent and who must be a passive object.

The women accepted the meanings and symbols of the cultural structure that defines femininity and masculinity and practised these in their everyday social lives. Their understandings of femininity are accumulated through cultural structures that determine the value system and gendered attitudes. Although these meanings have been shaped by cultural structures, they are understood and accepted by women. As a result, women modify their bodies to achieve their 'desirable' selves defined by the meanings that they understand from gendered structures and cultural symbolisms. In having an 'attractive body and shape' to make 'a good choice of marriage', indicating women's agency, a theme developed further in "Menopausal Time" (Chapter 7).

## 5.7 Conclusion

This chapter has discussed the themes from narratives of childhood. Doing so allows an understanding of the participants' experiences in their childhoods in order to relate to the way that the gender order and embodied gender have been shaped through time and in the social, cultural and religious context.

The participants recalled events from their childhood associated with their current sexual lives. Their storytelling sheds light on the events which have been crucial in their menopausal sexual lived experiences (Atkinson 20007; Connell, 1995, p.91). This chapter started with women recalling their gender discovery, followed by the women's experiences of puberty and their families' reactions. Participants identified their gender by their bodily practices and through negotiating and mediating the power in the gendered structure. I have highlighted the women's agency in perceiving the meanings of gender and their reflexive embodiment, also in contesting power and their cultural consent.

Women mostly identified themselves and their bodies through certain gender order elements. Their gender practice was also powerfully shaped by the gender order in which they find themselves (Connell and Pearse, 2015). Their narratives elaborated the pattern of the gendered structure, with all possibilities for action and consequences. It also established gender order by merging the elements of power, symbolism, cathexis and production (Connell, 1987).

Moreover, the women's narrations reveal that their understanding of puberty was closely related to institutions such as family and gender regime in Iranian society. Women's puberty and their feminine bodies are covered with secrecy symbols. Although the cultural discourse (symbolic) has shaped feelings of shame and sin, it is far from being culturally determined. Their reflexive embodiment expresses a process that includes both socio-cultural constraints and personal choices. The women's choices are not absolute, but made in the context of possibilities and constraints which are determined through the interaction between their social practices, their agency and the socio-cultural structures. Yet, they sometimes accepted the socio-culturally determined gender roles so as not to be '*the other*', demonstrating cultural consent. On the other hand, some showed agency, for example, by climbing the mulberry tree, which was prohibited, or by going out to ride the bicycle when their brothers were asleep. So, although the power and the complexity of the institutions in the socio-cultural structure cannot be denied, the agency of women's bodies can be recognised as well. The experience of hunching to hide their breasts is an example of the women's reflexive embodiment (Crossley, 1996, 2008). While women were born into specific socio-cultural structures, the reflexive nature of their embodiment allowed them to change or reproduce these structures through their agency. Their agency was displayed in their 'secret keeping' or going along with what was expected and accepting socio-cultural norms to avoid being '*the other*'.

Women's learning about their bodies encountered the gender order in their socio-cultural context, but at the same time they navigated the gender order with which they had to deal. Therefore, their embodiment also had a reflexive



nature. Their bodies, minds and feelings were the objects of socio-cultural structure and gender order practice. And at the same time they were agents in their socio-cultural context through their personal strategies (reflexive body technique). They manipulated and managed their bodies to reach the desirable '*self*' making their bodies sites for interaction between Iranian socio-cultural structures and their agency (Crossley, 2005, 2006, 2007), and creating reflexive embodiment. This reveals their active agency.

Although the hegemony of silence about women's sexual lives has been imposed on them through the gendered socio-cultural structures of Muslim Iranian society and the gender regimes of institutions such as the family and university, they challenged this actively by their decisions to participate in this research and narrate their sexual life stories.

The Childhood/Girlhood stage has revealed the interplay of institutions (such as family, education, state and religion) at the macro level, and women's agency in micro level through this part of their life course and represents the integration of women (individually) and the socio-cultural structures of the society that framed the women's sexual biographies.

The next chapter addresses the events and experiences which have been significant in shaping the sexual biographies of menopausal women in the womanhood stage of life.

## **6. Womanhood**

## 6.1 Introduction

The previous chapter discussed how, in terms of experiences of gendered embodiment, female actors respond purposively to the gender order during childhood in accordance with the meanings that they perceived from the socio-cultural structures of society. Moreover, I showed how participants' interpretations, as children, shaped their sexual biographies at this time in their lives, and also how their agency emerged through their use of body reflexive techniques.

In this chapter, I explore notions of 'womanhood' according to six themes which have emerged from my analysis of the participants' narratives. These themes are: i) marriage; ii) first experiences of sexual relationships and sexual conversations; iii) requirements for being identified as a 'proper wife'; iv) domestic labour; v) gender roles and education; and vi) sex as either a joy or a duty and sacrifice.

This chapter will focus on participants' sexual experiences during womanhood. Womanhood is one important stage in the sexual trajectory of women in Iran. According to the analysis of women's biographical interviews, by womanhood I refer specifically to the period between marriage and the beginnings of menopause. (I do not wish to suggest that the menopause is not a part of womanhood, but I consider it in a separate chapter due to its importance in this research.) Sexual activity, marriage and reproduction, which have a significant impact on the lived sexual experiences of women, take place in the context of womanhood. As Marshall (2012, p.340) points out, life courses are marked by a series of individual choices and are open to reconstruction. The women who participated in this research regarded their

progression to womanhood as having occurred following – as a result of - their marriage.

Significantly, unlike much Western research, I could only discuss with research participants the idea of sexual activity within the context of marriage; and I could not ask about any same-sex desires or extra-marital sex for two important reasons. The first and the most important reason is that those acts are illegal in Iran and are considered to be crimes that are met with severe punishment and can carry the death penalty. Secondly, the participants were all religious women and if I asked them such questions I would encounter their silence, for the remainder of the interview.

In this research, reproduction and sexual activity can happen legitimately only within marriage and therefore, in my analysis, marriage is held to play a crucial role in the lives of the women and indeed in the concept of 'womanhood'. Reproduction is another essential part of womanhood with significant influence upon women's lived experiences and which can occur only in the marriage context. Martin (1987, p. 46) links the importance of reproduction as a part of womanhood to the existence of feelings of disgust towards menstrual blood which are rooted in meanings derived from cultural structure, and which see menstrual blood as "*fertility failure*" and menopause as eternal sterility.

Sexuality is another pivotal element of the womanhood in this research. Participants' narrations reveal that women's gendered embodiment and sexuality has been created by the interaction among: structures (power and cultural structure elements, from Connell's point of view); the meanings and

symbols which women understood from the Iranian cultural structure (from Connell's perspective, the symbolic, cultural and discursive elements of society); women's everyday practices and their reflexive embodiment (their reflexive body technique, from Crossley's point of view), and, more importantly, women's agency.

## 6.2 Marriage

Marriage is a long-standing social institution which has symbolic importance and meaning (Windsor and Burgess, 2004, p. 550). Moaddel and Azadarmaki (2002) point out that significant value is attached to the institution of marriage in Iran and it is embedded with the meaning of sanctity. Supporting this, article 10 of the Iranian constitution indicates that:

*"Since the family is the fundamental unit of Islamic society, all laws, regulations, and pertinent programmes must tend to facilitate the formation of a family and to safeguard its sanctity and the stability of family relations on the basis of the law and the ethics of Islam"*

Therefore, family is defined as a fundamental unit of the society, suffused with religious meaning, and, notably, the protection of the family is the responsibility of the state. DeJong, Jawad, Mortagy and Shepard (2005) highlight that due to religious and cultural sanctions on pre-marital sex; marriage is the main arena for the discussion of sexual health in Iran. In other words, even in the health and medical context, sex 'out-of-marriage' is not recognised.

Accordingly, divorce or marital dissolution attracts distinct cultural stigma. Hojat *et al.* (2000) assert that Iranian people believe that divorce is a calamity (بلا) and an unfortunate fate (بدبختی). Although divorce is allowed under Islam, it is strongly condemned and viewed as a disaster due to the

considerable importance of family and marriage. On this basis, divorce carries a negative meaning - especially for women. Indeed, as one participant, Fatemeh, 53-years-old, explained, paraphrasing an expression that is very well known in the Farsi language:

*“My father always told us that women should go to her husband’s house with a white dress [a bride’s dress] and return [to the family home to be buried] in a white dress.”*

In Islamic tradition, the corpse is typically wrapped in a simple, plain white cloth and buried. Thus, according to this expression, a woman cannot/should not divorce; she can leave her marriage status on just one condition, which is death. This potently represents that marriage is infused with gender meanings and cultural power. Tremayne (2006) emphasises that marriage is an essential aspect of the social identity of all Iranian women, regardless of their socio-economic class and their level of education. She emphasises that there is remarkable pressure on women to get married. As a woman’s identity is shaped by her entrance into marriage, divorce is not only the end of her marriage but it also has significant influence on her identity.

To summarise, marriage has essential characteristics which make it an important gender-based theme in this research. Firstly, sexual activity and reproduction can only occur legally and religiously within marriage in Iran. Therefore, the first sexual experiences of the women in this research will have happened within the context of marriage. Secondly the state has the responsibility of protecting marriage in Iran and in this capacity can play an authoritative role in shaping the gender practice of marriage. Moreover, the institution of marriage shapes gender-based domestic labour (I will discuss this more in the ‘domestic labour’ section).

There are three sub-themes concerning marriage that emerge from the interviews: the timing of getting married –when, in terms of Iranian women’s life courses, marriage occurs (and the age when being single is no longer ‘acceptable’); women’s perspectives on marriage, in terms of how it concretely connects with their own lives; and getting to know the new husbands (or how they get to know each other, from the interviewee’s perspective). By exploring these three sub-themes, I unravel how marriage as an institution takes shape through interviewees’ interactions with two key elements of the gender order: ‘power’ and ‘symbolism, culture and discourse’ (Connell, 2009). Furthermore, I clarify how marriage provides a foundation for the exploration of two other elements in Connell’s framework: “cathexis” and “production, consumption and gendered accumulation”.

Twenty of the women I interviewed expressed the pressure they felt to get married as a determining factor for the timing of their marriage. (Those interviewees who married at a young age, meanwhile, did not mention such pressure.) This pressure could be from peers, colleagues or family, and some expressly linked it to religious issues. For example, Zahra, while explaining her reason for getting married, made her most notable reference to religion and said that although she had felt she was not ready to get married, she *“wanted to get married because it was very important in Islam.”* Mansoreh, 56-years-old, similarly said:

*“I got married because Prophet Mohammad (peace and blessings of Allaah be upon him) said one can have half of his religion through getting married. It means I can only keep my half of my religion by getting married.”*

This emphasis on marriage in Islam can be explained by the acceptance of sexual activity only within the marriage. Islam states that any sexual activity out of the marriage context is a sin. Thus, marriage and family are crucial institutions in Islam. Along with Zahra and Mansoreh, Tahereh believed that her faith could not be completed unless she got married. However, these participants also revealed the pressure from their family, friends and colleagues to get married.

Zahra, Mansoreh and Tahereh linked the reason for getting married to cultural structure (religion) and the meanings that they perceived in its symbols. In these examples, gendered symbolism is deployed - by the imposition of marriage on women. However, the agency of the women can also be discerned: firstly, in their active interpretation of these symbols and meanings; and, secondly, in their decision to choose to enter marriage in order to “*complete*” their religion. In talking about agency, it is therefore, important to consider the timing of marriage in women’s lives and the different factors involved.

#### *6.2.1 Timing of Marriage*

Independence is a dominant theme which emerged when referring to the timing of marriage. In Iranian culture, it is not acceptable for a single girl/woman to live in a separate house, independently of her parents, before her marriage, and she will be stigmatised as being “*disrespectful to traditions and her family*” as Samin stated:

*“It’s disrespectful and rude for a girl to live in a separate house before her marriage, and also more importantly, she put herself in the risk of gossip and it’s not good for her family.”*



When Anis explained what age she was when she got married, she said:

*“Although I was 23 when I got married, I did not really like to get married.”*

Using “*although*” to start her narration shows that she thought 23-years-old is very late to get married and that it might be seen as strange that she had still been single up until this age. She then explained that her aunt’s life story made her decide to get married. Her aunt never married. She was economically independent, but she lived with her brother’s family (Anis’s father).

*“Whenever she saw us, she always advised us not to make her mistake again. She was one of the people who encouraged repeatedly to get marry and always told “it is very hard for me to live with you in the same house”. It was one of the reasons that I decided to get married.”*

This shows that, according to Anis’s family, a woman cannot live independently before her marriage, even if she is independent economically. Moreover, Anis emphasised that her aunt herself believed that she was not able to live alone and independently either; the aunt spent all of her time taking care of her brother's and sister's children and was an always-available babysitter in the family.

Moreover, Anis’s aunt also felt that she did not get as much respect as she deserved. For example, in terms of the important decisions in the family, no one asked her opinion, and when it came to being invited to parties, she had never been invited separately. (As she lived with her brother’s family, hosts thought inviting her brother’s family automatically included her; she did not require a separate invitation. Hereby, she was not recognised as an independent person who had to be invited separately.) She always told Anis

and her siblings that if she went (in Farsi language, the verb 'to go' is mostly used to mean 'to get married'; it denotes going from the parents' house to husband's house), even if her husband treated her badly or beat her every day, he would bring home bread every night for her and they would eat it together and she would be his wife and she could be her own princess. In Anis's words, the aunt said:

*"But now I take care of all of you and do lots of housework, but see how your mothers, my sisters in law, treated me badly."*

At the end, Anis emphasised: *"But she loved us, really loved us."*

This narration reveals how the identity of a woman can be dependent on her marital status. It means if she does not have a husband that she does not have an independent identity. As explained in Chapter 5, "Childhood", women are considered as being 'taken care of', so they always need a male to 'take care' of them. Even after their husbands pass away, they mostly live with their sons with whom responsibility for their welfare lies. (For instance, Fatemeh, a 53-year-old widow, narrated that it is her son's responsibility to take care of her.) This demonstrates the crucial influence of marriage on the social identity of Iranian women.

Pooran, who got married at the age of 29 and believed her marriage happened *"too late"*, explained that she got married because she wanted to leave her father's house:

*"I thought... (Smile) I had stayed in my father's house for a long time. It was a thing as if it was something that had to be done. It was something that I had to do. I thought I had to get married and I thought it was very late (emphasising "late" with stretching L). Believe me, not only my husband, but anyone who proposed in that situation, I would [be] happy to marry him. I can even remember that I begged one of my colleagues to introduce me to a man whose wife had passed away*

*and had four children (emphasising “four”). I wanted to accept him. I said to her, “It’s OK for me, I can live with him”. She told me, “Oh, girl, you can’t do it, you don’t know what’s having four children [is like]” but, I didn’t think clearly. Everyone said [to] me you can’t live with him, but I just wanted to leave the house. Leave the house. (Very quietly) There wasn’t any pressure from my parents or they never told me anything about my late marriage, but.... I felt it myself. Even my parents never told their sisters or brothers that, “Oh she is an old maid or a spinster”. But I felt it. I always thought what if I lose my parents then I will be alone, so I have to get married in any situation. I mean, I only wanted to leave the house even with shut eyes. That’s it.”*

Although Pooran is a teacher and economically independent she believed that she could not live alone without man who ‘takes care’ of her. This even made her accept the idea of marriage with a man with four children so as not to be a “*spinster*”. She narrated that no one called her “*spinster*”, yet she “*felt*” the stigma of being unmarried. She discerned the meaning of “*spinster*” through the cultural system, its value systems and its discourse. On this basis, she decided to get married in any situation. It was not an absolutely free choice, but she selected it in the context of the socio-cultural structure of Iranian society, with its possibilities and constraints. She explained living with her parents all of her life was not desirable for her, and, to gain her independence, she had to get married. Being independent of her parents was so valuable for her that she had even been willing to an undesirable marriage. The active practice of getting married to reach her desirable ‘self’ (independence) demonstrates her agency. At the same time, of course, her definition of a desirable ‘self’ is based on the meanings that she derived from the cultural symbols available to her. She sought independence and took it in the most viable way open to her in the context of constraints and possibilities of the society.

For most of the women who participated in this research dependence /independence was important factor in determining the timing of their entry into marriage. Dependence /independence, in Pooran's narration specifically, can be defined through the identity that she had accepted for herself. Although, as she went onto explain subsequently, it had not been clear to her before her marriage that she would gain her independence, she described her life after marriage as being independent. Other participants also perceived the meaning of independence as independence from their family - and this connects to their perception of marriage more generally, as constituting a passage from childhood to womanhood.

Exploring notion of dependence/independence can also address the interwoven relationship between the social identity of the women and their marital status – and, in turn, the complex role of this relationship in the sustenance of gender order. Connell (2015, p. 77) indicates the significant impact of power on shaping identities and, consequently, social practices. The discourse which defines women's identity based on marital status subjects women to feelings of low self-confidence. Yet women themselves accept this and even encourage other woman to accept it as well. This reveals the cultural consent in play regarding this matter, and the reproduction of normative notions of women's subservience to men. This kind of hierarchy in gender relations serves in the maintenance of "*hegemonic masculinities*" (Connell & Messerschmidt, 2005, p. 846). In the example of Pooran, although power defines the 'spinster' identity, Pooran herself, also believed in it too, and, through her active agency, attempts to achieve her vision of a 'desirable self'. Her agency shows through

interpreting the meanings, and consenting, which leads to complicity in the reproduction of socio-cultural structures.

Furthermore, power influences the age of marriage by emphasising the central role of family in women's lives. Sarah, who got married when she was 35-years-old, described the family and peer pressure that was involved:

*"Everyone asked me: why have you not got married yet; it is very late for you. Don't you want to have a child? It's not good to have this big age gap with your kids. Also whenever my parents saw me they said: 'we'd like to have grandchildren from you, we'd like to see your kids, we'd like to see that you are happy and blessed'. And I always answered them: 'I am HAPPY now', but again another time, another day they repeated this and repeated this like a tape that you repeat many times. Even once or twice my mum cried. It wasn't just my mum or dad; there were my aunts and uncles too. My aunts and uncles always started with this sentence: 'we say these things for your benefit because we know you will be regretful in the future'. On the other hand, my colleagues asked exactly these questions, excluding the part about seeing my kids! (Smiling)"*

From the perspective of Sarah's family, being blessed and happy can occur only within the marriage context. She explained that before she was married, the educational level of any future husband had been important to her, but in the event she married a man who had a lower level of education than she did, due to this family pressure.

*"From the start, the educational level of my future husband was important for me, and he has just a Bachelor's [degree] in business and management. But I accepted because it was too late for me. But for a long time I felt embarrassed that my husband had a lower education level than me, and didn't like that people asked me about my husband's education."*

In line with Pooran, Sarah's narrative discloses the critical influence of power and cultural discourse on the women's criteria for their marriage. Eftekhari, a teacher who married when she was 22-years-old, also thought she had married late. She explained that, when she was single, her colleagues talked

behind her back, especially at those times when she had had a conversation with male colleagues, and this made her tired of being single:

*“It was first year of the revolution and we called each other brothers and sisters. And whenever brothers wanted to talk to us, they kept their head down and looked at the floor, and never looked at our faces. But even in this situation, if your talk with a brother continued for more than three minutes, the sisters would talk behind your back. So, I was tired of my situation as a single sister. My sister-in-law (the wife of my husband’s brother) was one of my colleagues. She introduced my husband to me. I thought that I had to get married; otherwise I was becoming too old to get married. So, I accepted.”*

Eftekhar’s narration comprehensively explains that although she obeyed the rules and norms of being a single woman, she wanted to be married so as to be able to continue her social life. In other words, an unmarried woman would experience restriction in her communication with men (similar to what they had experienced in their childhood through physical separation).

Although the cultural and religious structure represents the value system for the ‘acceptable’ age for marriage and shapes the social identity of Iranian women, the role of political discourse is also noteworthy. The age of marriage for these women was regulated by the interaction between their agency, power and legal, cultural structures. Power, symbolism and culture have a considerable effect on the women’s social identity. On the other hand, the agency of the women in this sub-theme is pointed out by firstly their decision to have more freedom in their social life, and secondly their desire to become independent.

#### 6.2.2 Women’s Perception of Marriage

Understanding women’s perceptions of marriage are important in order to explore issues of agency in terms of their decision to get married. For

instance, Zohreh said she did not originally want to get married but when she was forced to do so, she thought of the possible positive aspects - like having more freedom and escaping from her parents' limitations - so this made it easier for her to accept.

*"I told myself I didn't want to marry and I didn't consider it as an improvement in my life. Most of the time, I disagreed with what they said (parents and brothers) and had lots of quarrels. For instance, when they said a girl didn't have to go even to the corner of the street for some shopping, I thought after going to husband's house (marriage) I would do it and would go somewhere alone to surprise my mum! My brothers and sister always say I am different from them. They say I still like to improve. They say Zohreh likes to fly!"*

In her narration, she emphasised the limitations and restrictions of life with her parents. These limitations encouraged her to get married in order to have more freedom. Her reasoning was that in her parents' house she had been rebuked by all her brothers, alongside being rebuked by her parents, and they all wanted to 'take care' of her; but "in her husband's house" it was just the husband. By this she meant that she chose to get married 'to be taken care of' by only one person.

Most of the women referred to their house after their marriage as their "husband's house". In Farsi, also, the expression of "going to the husband's house" means to get married. This leads to an understanding that the house belongs to the man and the woman does not feel an attachment to it. Women employ these concepts ('their house being the husband's house' and 'being taking care of') in their language, which shapes their identity and their gender role (Connell, 2002); yet, they derived these meanings from the gendered structures and cultural symbolisms that surround them. Therefore the notion

of language is crucial, as it is a site of symbolic elements that can display the gender order (Connell and Pearse, 2015).

In this connection, it is worth noting that Zohreh continued her narration by stating that, contrary to what she imagined, she lost all of her spirit after her marriage. Before marriage, she knew herself as a happy girl who laughed a lot but, after her marriage, she gradually changed and lost the will to laugh. As I will state later in this chapter, in her narrative about her experiences of education following her marriage, Zohreh could not continue her studies which were very important to her. So, she encountered new limitations after her marriage, which made her *“lose her spirits”*.

In line with Zohreh, Hoda and Rahimeh also believed that although they did not *“like”* to get married, *“escaping from their parents’ limitations”* was the reason for their marriage. Hence, these women decided to get married to change their situation into a more desirable one. They did not have total freedom in this decision, but they themselves chose from the constrained possibilities open to them. The other reason that was mentioned by Hoda was her parents’ approval. Similarly, Molood, who was 62-years-old, also narrated that she had got married to seek her parents’ approval which was very important to her:

*“My husband is my father’s distant relative. I hadn’t seen him before his proposal for marriage. My parents encouraged me to get married with him and we got married; I believe that I have to respect them. I respected their wish. They have lots of experience. They know better than me.”*

Sanaz, likewise, emphasised her parents’ approval and encouragement:



*“When my parents-in-law came to our house to propose the marriage, my father told me that he liked my husband, so I accepted to marry with him. However, later I learnt that my husband was an addict. But I love my father and I always think I can trust his opinion, but these days children never respect their parents. They do whatever they like; we weren’t like them. Still I think parents’ approval for marriage is very important; I want to say it can even be more important than acceptance of girls or boys, because they have more experience and they always love their children and want the best for them”*

The above narratives shed light on the ways in which these women consider marriage as demonstrating respect to their parents. Additionally, it is viewed as an event which requires the input of those with experience, and, thus, they need their parents’ approval. These narratives, firstly, uncover again the participants’ cultural consent concerning normative notions of women’s subservience to men, and thus in sustaining hegemonic masculinity – in this case, regarding the felt need to gain their parents’ approval of and through their marriage. Secondly, the narratives disclose the power relations that exist specifically between the women and their parents. Power is one essential dimension of gender order in Connell’s point of view. The power in the relationship between these women and their parents imposes itself through cultural consent, and its pattern of practice authorises the men’s dominance over women and allows it to be continued - perpetuating hegemonic masculinity (Connell, 2000; Connell & Messerschmidt, 2005).

As Sanaz narrated, the women in this research accepted and respected their parents’ wishes, because they did not like to be cast as ‘*the other*’ (the ‘disrespectful’ new generation). Being ‘*the other*’ here is about cultural denigration and exclusion, as embedded in moral, symbolic meanings. The women derived this meaning from the gendered socio-cultural structure of

their society which shapes their perspective towards marriage. They acted purposefully so as not to be '*the other*' and not be stigmatised.

Pooran viewed marriage as "*something that had to be done*". For Zahra, "*naturally everyone wants to get married*", and she explained that she did it "*because she wanted to be normal and do what normal people do*". Again, Pooran and Zahra's narratives emphasise not wanting to be '*the other*' and cultural consent. In line with these participants, Fatemeh also believed that "*everyone has to get married*". On this basis, the powerful pattern in women's life is marriage, which is established by the socio-cultural structure of society, or, more specifically, the family institution which is based on the gender order as a 'normal life'.

#### 6.2.3 *Getting to Know the Husband*

The ways that women became familiar with their husband were pertinent to when they got married and their perspective towards the marriage. Moreover, the physical separation between girls and boys which they experienced in their childhood (see Chapter 5) is another significant element that affects this sub-theme. This leads women to meet their husbands through introduction by their families or friends and know them only for a short time before their marriage (with their parent's approval, they then get married). In this section, by exploring the narratives about the ways that women got to know their husbands, and the existence of love before marriage in their narratives and women's definition of arranged marriage, I further scrutinise the different dimensions of gendered sexuality in the context of Iranian marriage.

Zohreh, who was 47-years-old, narrated the way that she got to know her husband:

*“We had gone to a wedding in Esfahan, my husband’s cousin’s wedding, and he was one of my parents’ family friends. We went to Esfahan. There my mother-in-law saw me. Then she had talked to my mother about me and had bought me a scarf as a gift too. I took out the scarf threw it down and told my mom “I don’t wanna marry. Don’t you know that I’d like to continue my studies?” My mum answered “A girl shouldn’t be so rude and barefaced! If you study, you will answer me back like that!” They came to our house a few times, but I really didn’t like to marry. Really (with emphasis) didn’t like.”*

As explained before, Zohreh finally decided to get married to escape from her parents’ limitations. It is clear that it was not her wish, at first, to get married and that she preferred to study, but her parents did not pay attention to this, and she was promptly chosen by her future mother-in-law as someone suitable to marry her son. Similarly, Zahra explained that she met her husband “*traditionally*”:

*“My husband...my sister-in-law was a friend of my friend. She introduced her and they lived in our neighbourhood, in Iran Avenue. They came to our house to suit traditionally and we got married.”*

In line with Zahra, Nakisa was introduced to her husband by one of her relatives a very short time before her marriage:

*“I was introduced to my husband by one of our relatives, and then they Khastegari (suited)<sup>27</sup> traditionally.”*

Consequently, most of the participants did not feel love for their husbands before their marriage. When I asked Reihaneh if she loved her husband before marriage, she explained:

---

27 A ceremony in which the representatives of the man’s family, usually his parents and siblings, visit the woman’s family to formally propose the marriage.

*“Reihaneh: Honestly, the kind of love relationship nowadays, no, it wasn't like that at all. After we married and started our life, we began to love each other. Not the way people get to know one another now: they have relationship, they travel together, and they are best friends, no.*

*Elham: Do you think it's good to have such relationship before marriage?*

*Reihaneh: No, no, no, I think not. I think everything has a limit and that people should consider these limits. Look, I think it's good to have a longer relationship before marriage so they have time to see each other, to talk about their ideas, their beliefs, especially about their religion. If they're honest with each other, this is very good; it will have a good impact on their future life. But if she wants to date him or, pardon me, to sleep with him and such things, no, I don't agree; it's not good.”*

Reihaneh explained the kind of love that she experienced after her marriage.

She emphasised that religious harmony is crucial in a marriage. Since the women who participated in this research were religious women, all of them believed in and stressed the importance of religious harmony in a marriage.

Furthermore, in Reihaneh's point of view, having a sexual relationship before marriage is 'rude', something which she needed to apologise for by saying “*pardon me*”. She did not approve of the new generation's way of getting to know each other, and in, her disapproval, she demonstrates her cultural consent.

Eftekhar also believed that she did not have any affection for her husband before the marriage, but as he was a fighter in the frontline of the war for Allah, she had considered him at the time to be a “*catch*”. (Section 1.4) This displays, firstly, the importance of religion in Eftekhar's point of view, and, secondly, how she applied religion to rationalise and justify her choice of husband. Finally, her narration highlights the notion of history and its impact on the sexual lived experiences of women in Iran. The Iran/Iraq war created

a special cultural pattern among religious women. Women were proud of their fighting husbands and believed this demonstrated their husbands' masculinities; the notion of masculinity here is being brave and fighting for Islam. However, some of the participants still did not know if they loved their husband as in the case of Pooran:

*"Love? I don't know. (Smile) I feel more dependent than love. I mean people are changing with the passage of time and get used to each other."*

Eftekhari replied that she was not sure about her feeling towards her husband. As explained in Chapter 5, Childhood, women acquire and construct meanings of secrecy and silence around their femininity, in the context of puberty and sexual feelings, through their first sexual desire. Their agency is displayed through their hiding any signs of femininity and of sexual feelings in their childhood. Significantly, this continues through to their adulthood. Thus, Pooran at first, by smiling, avoided answering clearly my question, and she then claimed that she felt dependent. Similarly, Eftekhari, in her reply that she was not sure about her feelings, avoided answering clearly and arguably hid what she felt about her marriage and love.

Anis believed she met her husband in a very traditional way by being introduced to him, and she accepted their getting married due to his belonging to a good family. However, she also recalled "*apathy*" from her husband, and "*his giving her a cold shoulder*":

*"He doesn't show anything. When I was young, I dyed my hair. It was nothing for him. Many men show their feeling by saying "oh it is very nice", and "you changed a lot. You became very beautiful". But he does not show it. He gives me the cold shoulder. And as I was proud, I never said anything to him."*

In her narration, Anis avoided using the word 'love'. Instead she attempted to explain it by applying meanings of attention and affection. On the other hand, her husband was presented as dispassionate and cold and she complained about it. In a society based on a structure of hegemonic masculinity, men as well as women derive meanings of masculinity from the wider culture and its symbols. As mentioned before, the husbands of these women experienced the war. War is a particularly potent arena for the display of hegemonic masculinity. For these men, according to their wives, 'being male' means to be cold and dispassionate. At the same time, women also perceive that they must not express their feelings – including about marital love. This shapes the sexual lived experience of women in a complex web of gendered meanings about marriage and 'the husband', and 'proper' femininity and 'proper' masculinity, in which, ultimately, hegemonic masculinity is maintained through the cultural consent of both men and women.

At the same time, while recognising the constraints of hegemonic masculinity, it is important to note that the participants did not believe that their marriage is an arranged marriage. They insisted that although they knew their husbands only for a short time before their marriage, they were the ones who chose them; therefore, it could not be an arranged marriage. Nakisa, who was 59-years-old and a Rheumatologist, gave an example from one of Rumi's poems to explain that Western perspectives towards arranged marriage in Iran and the way that they have perceived it is not accurate and indeed patronises Iranian women. She said:

*"Nakisa: Have you heard the story of "An elephant in the dark" from Rumi? It's exactly like that.  
Elham: Would you tell me that story?"*

*Nakisa: Oh, yes. They put one big elephant in a very dark room, and then asked different people, who hadn't seen an elephant before, to enter the room and describe an elephant. As they couldn't see it, they just touched it. So, for example one man touched the legs of elephant and he said elephant is like 2 thick columns, the other touched his trunk and said elephant is like a very tall rubber, but none of these definitions is elephant. I mean you can't describe an elephant like this. It's like what they do in Western countries. The way that they think about arranged marriage in Iran, they don't consider our culture, they just see one small part of the whole."*

With this example, she explained that the notion of culture is very crucial to understanding the lived experience of women and their agency. By emphasising the definition of arranged marriage from the women's point of view, I utilise Southern theory from Connell's (2006) perspective in order to underline women's voices and beliefs through their narrations. A Western perspective fails to acknowledge the diversities of different cultures which have been practised by women and falsely unifies all of them, thus denying the agency of Iranian woman (as would such a perspective if applied to this research). Likewise, Connell (2011, 2007) points out that knowledge does not exist in a vacuum, outside the culture which reproduces it. Accordingly, it is crucial, during research, to heed the culture of the society being studied in order to consider the agency of the actors. By referring back to the delineation of Southern theory in the first section of the thesis, I do not aim to argue the total freedom of the women I have interviewed; instead I wish to place emphasis on their agency, in terms of the selections they make from possibilities available to them, and, particularly, the agentive nature of cultural consent which assists in the maintaining of the existence of gender hierarchy.

### **6.3 First Sexual Experiences and Sexual Conversations**

For all the women interviewed in this research, their first experience of sexual activity occurred on the first night of their marriage. Importantly, first sexual experiences (coitus) are frequently critical in shaping women's positive and pleasurable sexual relations in later life (Smiler, Ward, Caruthers & Merriwether, 2005, p.41). Furthermore, this is perhaps especially true for women in Iran, as losing one's virginity can be considered as a transition, from 'purity' to 'impurity', with the value of virginity being embedded in a specific symbolic moral web (see chapter 5, "Childhood"). In addition, the first incident of coitus marks the passage from girlhood to womanhood, from the participants' points of view.

Delamater (1986, p.128) asserts that an individual's sexual attitudes are attached to their assumption about the purpose of sexual behaviour, and this is related to social institutions such as religion, family, economy and medicine. In this section, by exploring the experience of women's first sexual activity, I examine how their ongoing attitudes to, and practices of, sexual activity have been shaped in the interaction between their agency and the socio-cultural structure of their society. Additionally, by considering the interconnection of their sexual bodies with the gender order (Connell, 1987), I will examine their reflexive body techniques in this process using Crossley's (2007) perspective. To put it succinctly, I consider the first sexual experience of women thoroughly as a social process evoking social institutions and various, sometimes conflicting, cultural meanings – and not reducible to an idea of sex as 'just' an activity between two individual, abstract bodies.



'Sexual conversation' is another important notion here, due to such conversations being a source of sexual information and knowledge. Smiler, Ward, Caruthers and Merriwether (2005, p.41-43) indicate that having sexual conversations, and consequently sexual knowledge, can promote a positive sexual experience. As explained in Chapter 5, women who participated in this research did not have any information during childhood about their own bodies and the events which signalled their own femininity, such as menstruation and the growth of their breasts. Similarly, most of them did not have any knowledge about sexual activity before their marriage. In other words, they had not received any sex education and knowledge before they first experienced intercourse. For all of them, their first sexual experience was scary and painful. They had received a myriad of warnings about their virginity before their marriage, which made their first coitus very stressful for two reasons: firstly, in losing their virginity, they were going to be losing something which was, to a high degree, valuable to them; and secondly, at the same time they had to prove that they were still a virgin that night. Zohreh narrated that she had not had any sexual information before her first coitus, which made the experience of losing her virginity "very scary" and "painful", like a "nightmare". She, also, concluded that this "bad" experience is the reason for her not feeling pleasure subsequently in sexual activity:

*"Zohreh: I was scared stiff. It took three nights for me (to have complete sex and lose my virginity). It was awful."*

*Elham: Did you have the custom to put a piece of cloth and ...?*

*Zohreh: Yeah, exactly. It was a custom that on the wedding night two or three people had to go with the bride to their home and sit behind their room's door. It took us three nights and it was terrible. It was like a hell. I didn't know what to do so; as soon as he started touching me, I wanted to cry and escape. Then my aunt came in and told me "come*

*on! We want to go, you made us tired. "I said I didn't know what to do or what it was like."*

She explained that alongside her aunt, two of her mother's cousins (she described them as being "rather old"), her mother-in-law, and her sister-in-law were waiting for three days in a room next to their bedroom. I asked her if any of them – or if anyone - had explained about sexual relationships to her before her wedding night and she replied that the only explanation or advice that her relatives gave her was *"keep quiet! Just keep quiet and be still and motionless and let him do it"* – and this was because they wanted to be able to leave (from their position behind the door) sooner rather than later. On the second day, the relatives suggested to her husband that he see a doctor as they thought he had *"some problem"* that prevented him from having penetrative sex.

*"Zohreh: Then after the second day they took my husband to a doctor in order to examine and enhance his sexual power, because they thought he was weak and needed an injection. He just nagged and said they (women) had been sitting behind the door for two days! And I said I couldn't do anything about it. And the third day, when it was done, I was like a corpse lying in bed till noon when my sister-in-law came to my room and told me to get up, and I wondered what it was and what had happened. I didn't like to see anyone in the morning. (Welling up and crying). I just wished that they would go and leave me alone. Now when I think about it I say "oh my God, what that was, why it was like that?" It was like a nightmare. And now I'm living like this. I never enjoy these things [sexual activity].*

*Elham: When the first night you couldn't do it, what happened? Didn't anyone tell you anything?*

*Zohreh: I mentioned that my husband nagged; my aunt came to my room and nagged. Then they said that perhaps the groom (my husband) was weak and the next day took him to a doctor. He had some booster injections and Kebab ...*

*Elham: How did they treat you?*

*Zohreh: They said it was my fault because when I behaved like that he was frightened and it made him weak! Some things that you wouldn't believe! You can't believe it. I remember some stories from the past and now I take it easy for my children."*

Zohreh's narration addresses four important issues : firstly, although Zohreh did not have any knowledge about sexual activity and so requested it iteratively, no-one actually gave her any information – except that she should be silent, still and motionless. Continuous with what happened in her (and in other women's) childhood, the hegemony of female silence has been imposed on Zohreh through a complex process of the gender order to establish a normative form of sexuality - for example, by relatives advising her to "*just be quiet and let him do it*". In this framework, sex is only supposed to be the husband's pleasure.

Secondly, while Zohreh did not have any knowledge about sexual activity, and consequently could not practise it, other people induced a sense of guilt in her when things 'were going wrong' and she was blamed for this malpractice. Cathexis is one of the essential elements of the gender order from Connell's point of view (1987), and women such as Zohreh are expected to act according to a normative understanding of sexual desire, whereby women need to be passive in sexual activity (silent and still) while men need to be active (for instance, by penetrating the hymen).

Thirdly, Zohreh's first sexual experience does, in her own words, underpin her later sexual practices. Even remembering it made her cry. This suggests that the first sexual experience can play a vitally important role in the later sexual lives of women. Fourthly, Zohreh's body was to a large extent rendered an object by the gender order and socio-cultural structure of the society, through the expectation that she be silent, still, motionless and passive during sexual activity; but, controversially, Zohreh also demonstrated agency in the way that she did not let the sexual activity be performed for

three days. Moreover, her display of agency saw others (her relatives) questioning her husband's masculinity; her husband had to see a doctor as he was suspected of having sexual impotency due to not being able to penetrate the hymen (one of the crucial signifiers of his masculinity). Therefore, her body was not only docile but also actively challenged the routine and unproblematic reproduction of hegemonic masculinities.

The first sexual activity between wives and their husbands is also the first space in which they define, mediate and normalise sexual meanings, through the power negotiation which is an important element of the gender order. Additionally, the gendered socio-cultural structure of a society is a bearer of gender, as well as of sexual, meanings. 'Being passive' is the meaning which is understood by women with regard to their role in their first sexual experience. Moreover, as their sexual activity leads to losing their precious virginity and 'impurity', they feel embarrassed. Significantly, none of the women interviewed mentioned pleasure and joy in terms of their first sexual experiences; instead, all of them applied such adjectives as "*embarrassing*", "*painful*", and "*scary*" to describe their first coitus.

The women who participated in this research did not have any conversations about sexual activity with any members of their families to gain knowledge on this matter. Pooran, similarly, narrated that she "*had many questions*" in her mind regarding the first night of her marriage. Importantly, this hegemony of silence would continue into the women's married lives with their husbands. When I asked Nahid if she had had conversations with her husband about their sexual relationship, she replied:

*“Nahid: What do you mean?”*

*Elham: Tell him about what you enjoy more or what changes you like or what changes he likes?*

*Nahid: No, no, no we have not talked about it. No, no (laughs)”*

Although it was a clear question, Nahid first tried to avoid answering by requesting clarification, and then said “no” five times to emphasise that such conversation never happened. Her laughs can be viewed as a sign of her surprise at hearing this question but also as a reflection of her discomfort and her wish to avoid talking about this matter with me. Reihaneh, also, firstly asked for more explanation and then, while laughing, emphasised “no”:

*“Elham: Do you talk about sex with your husband?”*

*Reihaneh: (Silence) Would you please explain?*

*Elham: For example to tell him what you like to do during sex? Or what you want him to do? Or he tells you what he wants you to do.*

*(Laughing) No, never.*

*Elham: Have you ever told your husband that you want sex?*

*Reihaneh: Me? ... No.*

*Elham: Why not?*

*Reihaneh: I don't know why. (mmmm hesitating) maybe I think this mustn't be done, it's not proper for a woman to talk about these things. I think this is a normal need for a man and he should be satisfied. Even religion recommends it.”*

Sexual conversation is not appropriate for women, from Reihaneh's perspective; therefore, she purposefully does not talk about it with her husband. Her understanding about the implications of being a woman is accumulated through the cultural structure that influences the value system and gendered attitudes. Although these meanings have been shaped by cultural structure, they are understood and perceived by individuals. In addition, Reihaneh reflected and acted purposively and meaningfully, choosing to be silent about her sexual desires as she did not like to transgress the boundaries of the gender order and risk being cast as the 'the other'. Crossley (2006) asserts that different patterns of reflexive body

techniques are related to power, desire for recognition, meaning and identity. From this perspective, it can be argued that, Reihaneh, as an embodied agent seeking to avoid transgression, mindfully suppressed her physical sexual desires; she modified her body in an effort to achieve a desirable sense of self. Furthermore, her narration references, in terms of her perspective or attitude towards sex, the presence of hegemonic masculinity - and her cultural consent in its maintenance.

Finally, Eftekhar explained that she had not had sexual conversations with her husband until recently:

*“Elham: Have you ever talked about sexual matters with your husband?”*

*Eftekhar: No, not until recently! Recently he has implied that as I am reaching menopause I am not sexually attractive and can't do it well. But you know I never let him win the game! I pretend everything is OK for me! (Smile)*

*Elham: (Smile) How?*

*Eftekhar: I always tell him that I still have my sexual desire and it is he who has sexual impotency as he has some prostate problems (Laughing).”*

Her husband questioned her femininity due to her reaching menopause and this started a sexual conversation. Before this, there had been no sexual conversations between them; but now this challenge to her femininity saw her challenging *his masculinity* in turn. Her interpretation of the gender order led her to represent the experience of her husband's prostate cancer through the prism of hegemonic masculinity. Therefore, her sexual identity is shaped, as part of a dynamic process, through power negotiations (as based on the gender order) with her husband - concerning the social meaning of each other's bodies. Eftekhar is capable of modifying her body, of responding to her recently acquired status of 'menopausal wife', through pretending to still

have sexual desires. However, while she is now partaking in sexual conversations, this is nevertheless limited to such negotiations of power.

#### **6.4 Requirements for Being Identified as a ‘Proper Wife’**

In this part, I present the expressions that the participants have used to define ‘a proper wife’ and a ‘successful woman’. In other words, I explore normative gender expectations from the participants’ points of view. This, along with my earlier consideration of childhood (when participants were gendered as a girl, and a ‘good girl’ at that), can expand our understanding of the concepts of femininity and masculinity, and of gender relations between men and women. By interpreting these concepts from women’s points of view I aim to scrutinise the gender order (Connell, 1995; Connell, Hearn and Kimmel, 2005). When I asked Zahra to explain the definition of a good wife, she said:

*“A good wife must be a good wife. I mean be a woman, really be a woman and have femininity, and don't want to have masculinity and do whatever men do. Be a good mother and a good wife, do her ‘femininity job’ well.”*

From Zahra’s point of view, a good wife is a woman who fulfils her gender roles effectively. In addition, she described femininity as being in complete contrast to masculinity. Later, she expanded her femininity definition:

*“Elham: What is the job of femininity?*

*Zahra: For example, a woman doesn't have to be a breadwinner; there is no need for her to earn money. She must just be a good mother and a good wife. But a man, in addition to being a good husband and a good father, has to be a breadwinner. He must earn money for his family. So, we can't say that a good woman is a woman who has a good job, or she is successful in her job, or earns lots of money, as it is not necessary for her to work outside of her house. She has to do the housework very well. I don't mean that she, herself, must clean and sweep the house, or wash the dishes, but I mean that she has to manage the house affairs very*

*well. She can employ a cleaner for this purpose, as it is her husband's duty to pay for a cleaner.*

*Elham: If you want to give a good explanation of a good mother, what would you say? What is a good mother?*

*Zahra: Who can be a mother? What does the term mean? I mean she must be nothing else than a mother, not being also a good employee. She has to be just a mother in order to be defined as a good mother."*

In Zahra's definition, there is a distinct separation between femininity and masculinity. The life of a 'proper woman' and 'proper man', from her point of view, is predetermined according to their respective roles in society. Her household has been structured around a man as the breadwinner and a woman as the housewife and mother. Under Islam, the man is the breadwinner and responsible for the economics of the household. Instead, women are responsible for bearing the children and doing the housework (Milstead, 1988). She thus has understood the gendered socio-cultural structure of the society in which she lives, which shapes her possibilities, and reveals the constraints placed upon her by the structure of gender relations.

However, Zahra did not simply absorb these understandings of gender; she engaged with them at the same time and moved them forward. She is the woman who sterilised herself in order to continue her studies (see Chapter 6, Gender Roles and Education). She also had a part-time job away from the house. She perceived the meaning of femininity in the socio-cultural structure of her society, as being a good housewife and mother - although, importantly, her desirable 'self' could not be reduced to these social expectations of her as a woman. Therefore, she actively modified her body in order to gain her desirable 'self' as an educated woman. In addition, she accepted only part-time work, in order to not completely reject the gender



order. She did not accept, passively, the gendered socio-cultural structure, but she selected from its possibilities ways of modifying the constraints. Therefore, it can be seen that her femininity is a social process, which has been shaped through her agency, the gender order and her reflexive body technique.

From Zahra's point of view, sexuality does not appear to be a significant characteristic of femininity, of being a 'proper wife', with emphasis for her being on economic roles. On the other hand, Anis pointed out the sexuality elements of femininity:

*"From men's point of view, a proper wife is a woman who does the housework very well. When you ask a man, almost all of them say she must be clean and make house clean. If they are religious, they say she must wear a Chador<sup>28</sup>. They will say she must always wear make-up, and dye her hair, for her husband's satisfaction. I perceived that for all of the men, it's very important that their wives wear make-up, and be physically clean, but at the same time it's important that their wives do the housework perfectly. (Silence) For example, my mother was 20 years younger than my father, but he always quarrelled with my mother about her make-up and her hair colours. He always kept asking her, why she was like this, or that. He didn't accept that my mother didn't like to put on make-up. I am like my mother; I do the housework perfectly, I wear a Chador, but I don't like to wear make-up. "*

Anis's description of femininity is, firstly, one based upon the hegemonic definitions of her society. A woman, on this basis, not only has to be a good housewife, but also has to modify her body to be in line with her husband's perceptions or fantasies of female sexual attractiveness. Interestingly, however, she then narrated that both she and her mother have never accepted their respective husbands' expectations in this sense. The power, here, in the case of Anis specifically, was negotiated between her and her

---

<sup>28</sup> a long piece of cloth, which is used for a Hijab, and covers the body from head to toe

husband, with the result being that she accepted what was required to be seen as a 'good' housewife, while rejecting her husband's fantasy vision of female attractiveness. Anis and her mother actively practised their agency. The meanings of femininity and masculinity here are embedded in the cultural structure and its system of symbolic meanings. Yet, the women appear not to passively understand these meanings, but to actively interpret them in order to satisfy their personal needs. This represents another aspect of their agency.

Later, Anis narrated that her friends told her that she is more like "*a man*" and she explained that her mother was, also, like "*a man*":

*"Elham: What's a man like?*

*Anis: For example, I can't make jokes, or don't have sense of humour or, as we say, I can't "pet and blandish my husband". I can't do such things. I can't flirt. I don't know, maybe I am arrogant and proud. My mother was like that too. It's true that they had a separate room, but there wasn't any coquetry or flirtatiousness in my mum's manner, so I think I'm like her. My husband tells me, sometimes, "I don't think you are a woman, you behave like a man and you are tough", and "Do you believe you should have done such things?" Yes, yes, yes, I should. Maybe, because of my natural restraint, I was not successful enough in some cases. I never ever can do! I mean I can't ... (silence) mmmm, when he does something for me, I only can say a simple thank you; I can't do those emotional things."*

Anis has thus described femininity through the cultural and ideological lens of hegemonic masculinity, and a set of practices understood in her society as distinctly masculine and feminine. Here, masculinity stands in contrast to femininity, and they are concepts rooted in heterosexual relationships with heterosexual desires establishing the distinct separation between femininity and masculinity (Schippers, 2007; Connell, 1987).

Importantly, when these practices were explained by Anis, she pointed out that she was described by others as a woman with a masculine attitude and body. This had a remarkable influence on the way that she experienced her body, her sense of self and the way that she projected that self to others. “Unsuccessful” is how she expressed her feeling towards herself. She believed that she is not a successful woman due to her enacting ‘masculine’ practices.

In contrast, enacting feminine practices and behaviours creates power in this socio-cultural structure, as a woman can exchange her feminine erotic desires and practices with economy. Drawing on Hakim (2010) and her conception of erotic capital, I refer to this exchange as an economy of erotic desires which I will explain more in the section ‘6.7’. Anis understood that by filtering and applying her sexual attractiveness, a woman can gain what she needs from her husband. She termed this “successfulness”. However, it was not something she was interested in doing herself. The important notion here is that the cultural symbols, which Anis perceived in the socio-cultural structures concerning femininity and masculinity, can be employed to her advantage in her personal life. She used an expression famous in Farsi - “*a woman must pet and blandish her husband*” (zan bayad dast be sar o goosh mard bekeshe زن باید به سر و گوش مرد دست بکشد) - to illustrate how she understood, from her society’s cultural structures, that she could gain power if she were to use her erotic capital.

Anis is a good example of gender practice involving both her body and mind. Her agency is revealed when she decides not to act according to definitions of femininity and masculinity based on sustaining hegemonic masculinity.

Although she defined herself, in others' terms, as a woman enacting masculinity and therefore as an 'unsuccessful' woman, she nevertheless chose to behave in a way which was contrary to her culture's definition of acceptable feminine behaviour. Similarly, Zohreh raised issues around women's 'masculinity'; and when she wanted to describe her mother's behaviour, she employed another Farsi phrase:

*"Zohreh: She was like a man*

*Elham: So how was your mother's behaviour that you explained it as being a man?*

*Zohreh: She had power. Power to decide and act manly (مردونه). She was a man for herself (برای خودش یک پا مرد است)."*

In Farsi, when we use "*like a man or manly*" - for example, in "*to promise manly*" or "*to resist manly*" it means doing that practice perfectly. Farsi language equates the concept of 'being perfect' with masculinity. This can, firstly, reveal how gender identity has been shaped by the cultural structure and its symbols, and, secondly, display how power can be imposed through the use of these symbols and language. Women who participated in this research, like Zohreh and Anis, applied these phrases in their narrations, which can imply their cultural consent with such hierarchical conceptions of gender.

In answering my question concerning whether or not they considered themselves to be successful women, most of the participants referred to their 'successfulness' in fulfilling their gender roles and in expressing their femininity. Mahdieh believed she was not a successful woman, as she could not be a good mother due to not performing to her children's expectations. Meanwhile, Zohreh asserted that she was successful as she could "*breed good children*". Interestingly, Eftekhar regarded herself as unsuccessful

precisely due to her fulfilling expected gender roles, identifying the reasons for this obedience in the historical context of her lived experiences as a wife during the Iran-Iraq war:

*"I haven't had any personal achievement, so I'm not successful. I lost my own life. I sacrificed myself and my life for my husband, which, at that time, all the women acted the same way. My husband was a fighter in frontline of the war (Iran-Iraq war) and I always thought it was my religious responsibility to be at his service, and devote myself to him. I thought that he was a fighter for Allah. I thought that all the women, like me, thought that it was our duty. We thought that we have to devote ourselves to our husbands, in all of the situations, as they might become a martyr. The fear of losing them was with us and, you know, it's very hard to tolerate this fear, especially in the first decade of one's marriage. Moreover, we believed that they were fighting for Allah so if we wanted to be a good servant of the God, so we had to obey our husbands and be at their service. We believed that we had to sacrifice ourselves for our husbands and our children, otherwise we couldn't be a good wife or mother."*

The historical context is an important element of the socio-cultural structure of society in shaping the gender order. It shows that gender practices cannot be free of the historical structures within which they occur and the possibilities and constraints they present, and so actors are not totally free. They can, however, select from certain of these possibilities and modify certain aspects of these constraints (Connell, 1987). Consequently, as Eftekhar narrated, women believed that it was their religious responsibility to dedicate themselves to Allah's fighters (their husbands). This caused a strengthening of gender roles, and of the gender order. And, as Eftekhar pointed out, during the war these women experienced their lives as being dominated by the fear of losing their husbands. All of this was to lead to an increase in the subordination of the women (Section 1.4).

On the other hand, Eftekhar disclosed her dissatisfaction with her situation, which illustrates her agency against social structures. She did not consider

her obedience towards the gender roles as being 'successful'; rather, she viewed it in terms of her having lost control over her life. Pooran was the only one who commented on her "rights":

*"Elham: Do you know yourself a successful woman in your life?"*

*Pooran: NO, not at all. (Emphasises on 'no') I have always had problem in getting my own rights.....Nooo.....ooo.....No. No, my love, I was not successful. Firstly, because I haven't any self-confidence and, secondly, in a situation where I should exercise my rights, I always keep silent. (Emphasises on the 'always'). It makes no difference, either in work, in family life or when I was single. I don't mean to be disrespectful, I always have respect for others, but sometimes one has to mention her ideas. Yes? (Silence) ...But I didn't do that. I couldn't do that. Maybe it is because of my family training, as I am a girl, they always told me, you should not talk, (emphasis on talk) but currently I feel better... I try hard now to have the courage to defend my rights."*

Pooran highlighted the importance of the family institution in constructing the gender order. She thought she could not defend her rights, due to the hegemony of silence that was imposed upon her by her family from childhood onwards. Her agency was disclosed, however, in the form of two practices: firstly, her questioning now of her previous practices and the hegemony of silence; and, secondly, her efforts to change her former practice (by trying to defend her rights).

To summarise, in this section, by exploring concepts of femininity and masculinity from the women's perspectives, I have been able to analyse their connection to the gender order (Connell, 2009). Moreover, femininity and masculinity as a collective embodiment represent the women's gender relationships, which can be viewed from Crossley's (2007) perspective. Women modify their bodies to gain the 'desirable' self, which is defined by

the meanings that they understand in terms of gendered structures and cultural symbolism.

Indeed, historical structures, cultural structures and language are important elements in shaping the gender order. This reveals that gender practice cannot be totally free from restraints, but that there are possibilities and constraints, which women can negotiate for gaining the desirable 'self'.

In this context, the notion of women's agency has been highlighted - firstly, concerning the women's interpretation of the meanings of cultural symbols and structures (for instance, in terms of what constitutes a 'good' mother and wife), and, secondly, in how they challenge these existing structures (for example, questioning them through their narrations, after re-evaluating their life histories), and then, more importantly, how they move forward, to gain the desirable "self" - for instance, through 'trading' in an economy of erotic desires, both definite examples of reflexive embodiment. At the same time, the socio-cultural structure of the society largely identifies the women's repertoire of reflexive body techniques (Crossley, 2006) through which they can engage their bodies, minds and desires. The conflict between these structures and the desirable 'self' constructs is evident, such as in their sorrow for their present lifestyle, and their frustrations, which they term as 'loss of control' and 'unsuccessfulness'.

### **6.5 Domestic Labour**

In this section, I present a detailed examination of the gendered division of labour in the home lives of participants. Specifically, this means how the housework is allocated based on gender. The institution of marriage shapes

such domestic labour, and this is an important aspect of gender inequality. Indeed, the division of labour is one of the most significant elements of the gender order. Connell (1987, p. 103) asserts that the division of labour is a gender-structured pattern of production, consumption and distribution. In addition, Treas and Lui (2013) underline the relationship between housework and gender equality, socioeconomic inequality and the gendered structures of society.

In this section, I will focus only on domestic labour, the details of which emerged from the women's narratives. Breen and Cooke (2005, p.43) highlight that men's contribution to domestic labour is still one third of that of women; the reason for this, they argue, is that couples exercise their society's concept of gender in their houses. Women revealed, through their narrations, that two influential elements of the gender order (Connell, 2015) are power and cultural structures, both of which have a remarkable impact on the division of domestic labour. The structure of hegemonic masculinity, which categorises definitions of femininity and masculinity, is a determining factor in the division of domestic labour, as will now be shown. In addition, it has emerged from the women's narrations that their economic status and their cultural capital are other significant elements in this respect. Importantly, when analysing the women's narrations carefully, it has become clear that there is a close relationship between the division of domestic labour in their home lives and the satisfaction which they experience during sexual activity with their husbands.

Nafiseh, who is 65-years-old, narrated that due to doing all of the housework on her own, without any help, she felt very tired at nights and had to go to



bed early, so could not do “*these things*” (sexual activity). Samin, who is 54-years-old, told a similar story:

*“Elham: Who does the housework?*

*Samin: Who do you think? Indeed, me!*

*Elham: Does your husband help you?*

*Samin: (Grinning) never, ever.*

*Elham: What about your daughter and son?*

*Samin: My daughter does a little, but my sons, no. You know, I’m very angry about it. Many times I told my husband, that’s not right, it’s wrong. Then he nags about why I go to bed early, and why I don’t pay attention to, pardon me, sexual things. ”*

Nahid, who is a midwife, while her husband is a manager in oil projects, explained about having what she termed a “*double burden*”:

*“I mean he is not almost ever in the house, and then, when he is at home, he accepts for himself that he is not responsible for anything in the home. I don’t know whether this is his usual behavioural manner, or it is because of the condition of the house. If you ask me, which one is it? I don’t know what to say. He does not do anything at home. Both of us work outside the house, but when I return, my another job starts (Silence) But what about him? (Grinning) Home for him means a place for just resting. Doing work out of the house and inside the house is double burden for me. Every person has limited energy; he never considers this. This is a big issue in our relationship. It affects on our sexual relationship [she used the English word ‘sexual’ in her interview, instead of the Farsi word which is *Jensi جنسی*]*”

These women comprehensively articulated that, firstly, there is a close relationship between their sexual activity and division of domestic labour and, secondly, they believe there is gendered inequality in the division of domestic labour, and they challenged the structure of the hegemonic masculinity, which defines gender roles. Thirdly, in the context of their childhoods (see Chapter 5), the women mostly avoided using the words ‘sexual’ or ‘sex’, as they believe this to be rude, and whenever they needed to employ such a word, they did so with an apology or used the word in another language - for example, Nahid said it in English form instead of Farsi.

These examples provide a revelatory lens through which to view the agency of the women. Firstly, here, the participants actively challenged the socio-cultural structure of hegemonic masculinity, which identifies the gender roles and, consequently, shapes the division of domestic labour. Although they perceived the meaning of femininity as being a 'good housewife' from cultural symbols of society, they believed it is not 'right' and it is indeed unfair that they should have to do the housework alone. Thus, they actively questioned the gendered division of labour.

Secondly, the participants' bodies actively reflected this situation, in terms of their avoidance of sexual activity. Crossley (2007) indicates that reflexive body techniques have an essential influence in creating the 'self'. The women's narrations suggest that the gender order and socio-cultural structure of hegemonic masculinity unfairly imposes domestic labour on their 'self'. Their reflexive body technique is shown consciously avoiding sexual activity citing tiredness from housework, which they regarded as a 'wrong' thing. It can be claimed that while they could not change these structures, their 'I' nonetheless acted upon these structures and their 'me'. In other words, they arguably modified their bodies in such a way as to suppress their sexual desires, in order to challenge the gender rules and gender order.

Thirdly, the participants' used sexual words in a language other than their native tongue. Najmabadi (1993, p.488-489) maintains that this typically occurs in order for speakers to cover the culturally scripted erotic meanings of such words. But I aim to go beyond that in this case to highlight the agency of the women. My research suggests that women are aware of the tension between the cultural structure and sexuality, and understand that

using these words makes them 'the other'. As they do not desire to be regarded in such pejorative terms, they have consciously employed the sexual words in another language.

The importance of economic status and cultural capital, and the relationship of both to domestic labour, is also something at which my research has highlighted. For example, Sarah, who is a paediatrician, narrated that while she has cleaners for her house, it is she who has had to supervise them as well as do the other work (such as laundry and cooking), which has taken "lots of time" from her.

*"Sarah: I could be better and more successful than what I am.*

*Elham: How? Would you please explain what you mean?*

*Sarah: For example, in my career. I could publish more papers, and now I could be a professor, not a senior lecturer. When I look at my other male colleagues, who were my classmates in the medical school, and see their progress, I think I could have had a better position myself. Now, all of them are professors with lots of papers and publications, and very busy offices, always full of patients, whereas, I can only go to my office 2 days a week, and a hospital every morning, but only until 12. Not more than that. I think its reason is, that my other duties as a wife, and a mother, give me less time to work on my career as a paediatrician and a lecturer. (Smiling) but you know, honestly, if I tried more I could do it, maybe the real reason is my laziness (laughing)."*

Sarah, at first, mentioned that doing the housework was the reason for having made less progress in her life, and for earning less money (due to having less patients), as compared with her male colleagues; but, at the same time, she perceived, in the terms of the cultural structure, it is her responsibility to do the housework. In the end, she blamed herself for being "lazy". The reason for this contradiction might be that she consciously did not want to be regarded as 'the other' who is not a 'good wife or mother'.

As for taking care of children and the associated chores, there is a labour division here too, which Eftekhar pointed out when she recalled her mother's duty:

*"My mum's power was strongly over us, especially about our education. I mean she paid more attention to our homework. I told you that she was a teacher. So our education was very important to her. You see, my father created the rules for us, but it was my mother's responsibility to ensure that we abided by them."*

As Eftekhar mentioned, men established the rules and women had to carry them out. Other interviewees also narrated that some work was defined as masculine and some as feminine. Fatemeh, whose parents were farmers, recalled her situation as a child in these terms:

*"Fatemeh: Believe me from the time I was 4- or 5-years-old, I had to do housework and agriculture works.*

*Elham: Did your brothers work as much as you?*

*Fatemeh: My brothers went to school and did their army service<sup>29</sup>, and then went to Tehran. My older sisters were married very young and the other sisters were younger than me, so I had to work very hard, and do very much, from the time I was 5-years-old, especially the housework. Besides, I had to do agriculture like a man. In the villages it is like this. All the girls have to work in and out of home at the same time. Boys have to do the watering. Watering belongs to boys. This is the nature of farming and agriculture. Watering is only a task for men. Women never do the watering, but we do all the other things, for example we seed the melons and watermelons, beet roots and other things.*

*Elham: Why watering belongs to men?*

*Fatemeh: I don't know, they have to change the ditches on the land, and be careful about not to waste the water, and give water to all part of the land, otherwise the plants would be dried out. So they have to walk continuously along the land. Maybe because of that, it belongs to men, because they have to get away from house to reach all part of the land."*

Fatemeh impressed that watering is a masculine job. Feminine jobs should be close to the house, and watering needs to be done away from the house, which is why it is masculine work.

---

<sup>29</sup> In Iran two year military service is obligatory for all young men.

Under the structure of hegemonic masculinity, in which the division of labour is based on the culture's definition of femininity and masculinity, if a man does feminine work, his masculinity is challenged. Therefore, he would feel ashamed. This was the notion that Pooran raised about her brother:

*"I have a brother, who has a good relationship with me; I mean we are very close. However, some housework, he believes are infra dig for him, for example, line drying the clothes (big smile) He always says that he can do anything, even sweeping the house, but must never line dry the clothes in front of the others' eyes (Emphasises 'the others'). If I do some work at home, no one can see it, but for line drying, the neighbours can see."*

This is a good example of how both women and men understand the meanings of femininity, masculinity and gender roles from the socio-cultural structure of their society, and, as they do not wish to be stigmatised, they may purposefully attempt to avoid transgressing the gender order (in the case of Pooran's brother, by managing his involvement in 'feminine' housework to avoid tasks that the neighbours might witness) – and becoming cast as 'the other'.

As stated above, power, which is an important element of the gender order from Connell's perspective, has a noteworthy impact on the division of domestic labour. Firstly, the structure of hegemonic masculinity categorises gender roles, and what constitutes 'feminine' and 'masculine' jobs. Secondly, and of equal importance – as shown by many participants in the research alongside those of Samin and Eftekhar - concerns the unequal division of labour, under which women are deprived of economic and cultural capital, and consequently have less power in the home.

To summarise, in this section I have explored the division of domestic labour and the ways in which women constantly negotiate it in order to gain more equality or otherwise attempt to neutralise the effects of living under inequality. The women were conscious of the meanings attached to femininity and masculinity, and their gender roles, in the socio-cultural structure of society. However, although they believe that there is ‘masculine work’ and ‘feminine work’, they consider that it is not “*right*” that they should to do all the housework themselves. Their agency is also demonstrated by suppressing their sexual desires and through their efforts to not transgress the gender order in order to prevent being considered as ‘the other’ (‘bad wife or mother’). In addition, it was noted that the Farsi language is an important element of their cultural structure, as it acts as the basis of symbolic representations of gender. Later, in section 6.7 ‘Sex as a joy or a duty and sacrifice’, I explain more the relationship between domestic labour and sex from the women’s perspectives.

### **6.6 Gender Roles and Education**

This theme emerges from the narratives in which women described the important factors in continuing their education, and was a deeply emotional issue which made interviewees cry or well up with tears as, like the gender discovery theme, they were reminded of what they had ‘lost’.

The data presents education as a key theme which is interwoven into the gender order. This theme can imply power relations (Connell, 2006) as a gender order dimension for the women who participated in this research. Analysis of the interviews shows that “gender roles and education” has two sub-themes: state power and gender roles.

Zahra narrated that her mother could not continue her education and finish her high school, due to being forced to remove her hijab during the Reza Shah Pahlavi era. This event is a significant and special transition point in Iranian history, especially from the gender perspective, and also, can reveal the impact of state power. Zahra explained:

*“At that time she was in high school to get her diploma. She didn’t get it as she couldn’t finish her high school and continue her studies, because the Shah forced women to take off their Hijabs. She quit school, because she didn’t want to take off her Hijab. So, she couldn’t continue her studies, and she always talked about it as her great misfortune.”*

Zahra explained the time that Reza Shah Pahlavi (1925-1941) ordered the removal of the women’s Hijab in order to improve women’s education (Afary, 2009). But, on the contrary, as it was against many women’s will, they stayed at home and stopped their education, exercising agency against discursive power which wanted to control their bodies. In this example, the body symbolises a site for practising sexual politics, gender order and the agency of women. On the other hand, Zahra herself had to change the subject of her studies, due to her parents’ wishes. She raised the subject when I asked her if she considered herself to be a successful woman:

*“Elham: Do you consider yourself a successful woman?*

*Zahra: Well, a human being has a very huge capability. I am not an exception. I could have been more successful than I am now.*

*Elham: In what field?*

*Zahra: In lots of fields! One field is studying. For example, I was accepted at medical school to study medicine. But my parents didn’t agree with that, because after finishing my studies in medicine, I would have to go to other cities to work. So, I chose nutrition, as nutritional science was my second choice.”*

Later, she explained that her studies were very important to her; therefore she postponed her marriage until she entered university. Her suitor was a

fighter in the Iran and Iraq war. Before getting married, she thought her husband would go to the front line and would become a martyr and she could continue her studies and get a reward from God due to being the widow of a martyr:

*“Then he would go to the front line of the war and would become a martyr (Laughing) it was my imagination. I thought in this situation I would be the wife of a martyr for which I could get a reward from God and I could also continue my studying very easily and never hear continuously “why don’t you get married”. (Laughing)”*

She was in the second term of her undergraduate degree, and before finishing it *“God gave me my son and my daughter”*. Then when she had the third child, she wanted to start her Master degree. At that time she realized that she could not continue her studies while having more children. At first, she experienced a period of depression. But then she decided on tubal ligation surgery, in order to not have more children and be able to continue her studies. Her husband accepted it, as she had had severe depression.

Her agency is represented through manipulating and managing her body (sterilisation). Her dynamic embodiment takes shape through the interaction of gender order (domestic labour and taking care of children is the women’s responsibility) and her desire to continue her studies. She actively manipulated her body (sterilisation) in order to reach her goal (continuing her studies). Therefore, in this example, the body shifts to a symbolic site for interaction between gender order and agency.

Zahra’s experience is a good example of a body both as an object and the practice agency. She herself decided to undergo sterilisation surgery, in order to be able to continue her studies. Therefore, she created a pattern



which indicates a reflexive body practice between her body and gendered socio-cultural structure by which she modified her body (Crossley, 2005, 2007). In reflexive body techniques, some techniques are picked up by an agent in order to develop the “self” (Crossley, 2006, p.108). Nevertheless, the “self” has different definitions according to the way that agents describe it. In this example, Zahra as an embodied agent sterilised herself to reach an educated “self” (her ‘desirable self’). Sterilising can be considered as a reflexive embodiment technique by which Zahra achieved a reflexive distinction between “I”, “me” and the embodied “self”. In this process she modified her body according to the meaning that she perceived from the cultural structure and the identity that she understood for herself. She believed that she could not be a “good” mother if she continued her studies. For this reason, she sterilised herself to prevent herself from being a “bad” mother in order to continue her education.

Drawing upon Connell (1995), gender division of labour is one dimension of the gender order. Since most of the participants got married early they mentioned “*taking care of children*” and “*domestic labour*” as barriers to continuing their studies. For example, Habibeh, who studied to the end of high school, but could not continue her studies in university, explained:

*“Because of the house work and taking care of my children, I couldn’t study. I didn’t want to lessen the services I gave them. If I wanted to continue my studies, my children, my two older children, couldn’t study. So, I couldn’t be a good mum.”*

These women believed that domestic labour and taking care of children are women’s responsibility, and a “good” mother is a woman who can fulfil her responsibility well.

The hierarchical relationship between husbands and wives as a dimension of gender order (Connell, 2002) is another concept that can explain the women's educational status. Zohreh, who could not finish her high school due to her marriage and two daughters, explained that she wanted to continue her studies after her marriage, but her husband did not let her, and said *"that was enough for her"*. She narrated:

*"He believed that if I study, I might know more than him, or I might be more successful in my job and make more progress and then I wouldn't accept my family duty and him. I always said I wouldn't change, I would be the same person, I wouldn't leave my family and wouldn't divorce, but they didn't believe it and didn't accept it. I told my children that it was very difficult for me, because I liked studying (welling up tears)".*

Power as an important element of gender order had a significant role in determining the chance for Zohreh's continuing education. It was imposed through the gender roles which are defined by socio-cultural structures. Since Zohreh's first responsibility as a woman was fulfilling her gender roles she could not continue her education. Yet, she added that she made her husband allow her two daughters finish their studies and find a proper job before their marriage.

*"Now they are wise enough, Mashalla! (God bless them). I sometimes wish I had been at their ages and had not got married too early. I wish I had studied and had started working, then got married. Then, maybe I would have been wiser, and I could have become more intelligent."*

She emphasised although she could not continue her studies, she read lots of books, particularly historical books, *"to know more about the people and their actions in history"*. She explained:

*"I like to progress in everything, my sisters say "Maasoomah likes to poke her nose into everything and learn about them". I think that if you don't have enough information and knowledge about something,*

*maybe you can't develop in it. When I see a book, I like to read it. They say "Masoomah likes to fly!" .... As I said, my daughters laugh at me and say "mum's inner child isn't asleep yet. She wants to learn and read and talk with others and laugh with them."*

Zohreh's action demonstrates active agency. She had to quit her studies, but she supported her daughters' desire to continue their studies, and considered it as *"her success and her flying"*. And although she could not attend university, she had not stopped learning and reading. The inability to access education was the 'loss' of these women which they could not achieve easily after their marriage due to the gendered structure. All of them blamed their marriage for this 'loss' and a link between this 'loss' and an unsatisfactory sexual relationship with their husbands could clearly be inferred. Their 'loss' was the consequence of their marriage and sexual activity was the result of their marriage. Therefore they could not be satisfied with the root of their 'loss'. I explain this theme more in the following.

### **6.7 Sex as a Joy or a Duty and Sacrifice**

In this section, in order to more fully understand the sexual relationships of the women I interviewed, I examine their narratives regarding sexual activity, and their perspectives towards sexuality as an ongoing aspect of their lives - of womanhood. While exploring this theme, I stress that sex cannot be reduced to individual biology or psychology, or to sociological or cultural structures. Rather, sex and sexuality is a system which has its own internal politics, inequalities, and modes of oppression (Rubin, 2011). Indeed, from the women's narrations, it has emerged that sex has all of these dimensions (biological, psychological, sociological and cultural), in addition to the agency of actors, which is an important element in this research. I employ the word

'sex' when referring to women's sexual relationships or sexual activity. I aim to answer the questions of how women's perspectives on sex have been shaped, how they experience sex, and how they negotiate power in their sexual relationships during womanhood. The women in this research were disposed towards particular sexual meanings and values through their society's cultural structure and its symbols. They understood these meanings according to their lived experiences, which take place within the gender order. Therefore, the women's sexual activity – as a form of embodied and socially embedded action - can be usefully perceived in terms of the interaction between women's agency (their interpretation of meanings) and gendered socio-cultural structures.

Firstly, I explain the women's definition of sex, and their perspectives towards 'joyful sex'. Most of the women in this research were disappointed in, and even traumatised by, their sexual activity, yet they felt pressured to continue having sexual relations with their husbands. Secondly, I explore in more depth the women's different experiences of feeling this pressure to have sex, outlining three categories of attitude towards sex emerging from the interviews- as a chore, as a Jihad, and economy of sex.

#### *6.7.1 Responding to the Pressures of Sex in Marriage*

Most of the women who participated in this research were not only disappointed with their experiences of sex but also felt shame and guilt about the perceived shortcomings of their sexual activities. They felt here as if they were being sinful. And, a finding of greater importance was that; they internalised their husband's negative criticisms of their sexual performance, and, at the same time, they expressed their own anger furiously. This

demonstrates power as a significant element of Connell's conception of the gender order, one which shapes women's experiences of sex - as shall be now been seen.

All of the participants described 'real' sex as penetrative and in the terms of vaginal/phallocentric sex, which ends in an orgasm for their husbands. Therefore, whenever they talked about sex, they meant sex based around penetration. They could not seemingly imagine any other kind of sexual activity as constituting sex. Yet, when they wanted to explain their sexual fantasies about joyful sex, they mentioned cuddling, embracing, touching and kissing, and they highlighted that their preference is for such activities. For example, Farnaz, Habibeh and Masomeh explained the kind of sex that they liked, and stated that they *"like the cuddling part, but not the other one"*. However they forced themselves to indulge in intercourse as, otherwise, they feared *"losing their husbands"*. This indicates that these women understood 'proper sex' as meaning penetrative sex, as viewed through the lens of the socio-cultural structure of society. All the women who participated in this research perceived the normative meaning of sex as intercourse, and believed that, in order not to be stigmatised, they have to accept that there is just this one kind of sex. However, they engaged their bodies in a form of agentive response to this, by suppressing their sexual desires in common with the reflexive technique employed by other participants explored earlier in the chapter.

An example of this is the case of Anis who narrated that she did not like to have sex (penetrative/phallocentric) with her husband, and even rejected sexual advances from him. She recognised this came with consequences

and she accepted them. She emphasised that she *“would rather sweep the floor 100 times; do extra works ten times or more, rather than doing this.”*

Then, she referred to the peer pressure concerning *“doing proper sexual activity”*:

*“My colleagues tell me that I will lose my husband, and even he might leave me for another woman, if I don’t have these things with him at least once in a month. I don’t have any fear of it. No I don’t, I never have, really, it’s not important for me. Many people in this position feel jealousy. It’s interesting for me, when I talk to my colleagues about my feelings. They tell me no, definitely you will feel jealousy too. Then I start to argue with myself, and challenge myself to find the reason why I don’t feel jealousy, but I can’t find the answer, but I am not jealous when he talks to many women, tells jokes and laughs with them...but I don’t have any feeling about this (Silence)....but he feels jealousy about me. Even if I talk to his brother in a friendly way, my husband becomes upset. Whereas, I am not jealous, even when he shakes hands with these women, it is not important for me. I don’t know why? (Silence) It is a kind of mental illness, isn’t it? (Laugh)”*

Then she suggests the reasons for her feelings. First, she mentioned that her husband was a smoker:

*“Elham: Have you ever told him that you don’t like him smoking?  
Anis: Yes, we had many quarrels about it. I told him that your smoking is one of the reasons why I refuse to have sex with you. Many times I told him do you like, for example, if I eat garlic and sleep with you? Can you tolerate it? You can’t! I can’t tolerate your smell either.”*

However, she explained that his *“smoking is just an excuse and it is not the real reason”* for her refusing to have sex. This, she then disclosed, concerns religious issues. She pointed out that her husband does not say his prayers, so she felt that having sex with him is like having sex with a dog; and she related a quote from Prophet Mohammad:

*“Because I’ve heard a Hadith (words of Prophet Mohammad) from Prophet Mohammad that says “to have sex with a man or woman who doesn’t say her/his prayers is like to have a sex with a dog.” (Emphasises on DOG) It was always in my mind. I always think about it. I think this is a matter always, but I always want to deny it.*

*Whenever we sleep together, this comes to my mind and I hate it (Silence) yes, maybe the first reason was that."*

She went on to highlight the issue of Ghusl (religious bathing; see Chapter 5):

*"Anis: But also, I tell myself what a bothering job it is to get up early and take a shower and do Ghusl. Then I have to prepare breakfast for the children, get them ready to go to their schools, when the children grow up it...Ok.....Maybe at the beginning it was that... but I always think (a) man has to support his wife in bad days and.... I want to say, when I got married I only thought about him as a supportive, never I thought about having... Pardon me, sex. Even when I was getting married, sex, pardon me, was the last thing that I thought about. I mean, if I thought about it, I would like it to pass quickly. He never supports me.*

*Elham: In which part is he not supportive? Financial or non-financial?*

*Anis: Either financially or non-financially. He doesn't even support me mentally. He takes everything very easy, but I am among the people who have to finish a job perfectly, either financially or non-financially. It may be one of the other factors and reasons. Actually, I am more supportive than him and it bothers me."*

From Anis's narrations, it can clearly be inferred that, firstly, there is pressure from her peers about doing 'proper sex', which is the notion of active presence in the cultural structure and its symbols in sexual practice. Anis is involved in social relations with her colleagues, and they define 'proper sex' in all its details, such as its frequency and its type, based on the meanings that they have perceived in the cultural structure as constituting the 'norm'. This represents their relative power over Anis. Anis's agency, however, is revealed in that she has ignored 'the risk' of which she has been warned about (the risk of her husband leaving her).

Furthermore, as Crossley (2005) argues, the relationship between body, mind, culture, and social structure is mediated through reflexive action. The socio-cultural structure and gender order define the 'proper sexual activity' for Anis's body. To be entitled to be thought of as a 'proper' wife, one should

have 'proper sexual activity'. She has to partake in penetrative sex, which certainly ends in an orgasm for her husband, and do so on a regular basis. Her body and mind have reacted to this socio-cultural structure, by her feeling "*no jealousy*", even at the thought of her husband leaving her for another woman. In that sense, her response is characterised by a kind of apathy towards her husband. Yet, as she still understood the meaning of having 'proper sex', in accordance with the norms of the socio-cultural structure of her society, she also stigmatised herself - as having a "*mental illness*".

Moreover, Anis emphasised that religion was the reason for her not having sex with her husband. This is the dilemma of Anis's life. On one hand, these structures define the meanings of 'proper sex' for the women, as having penetrative sex with their husbands in order to give them satisfaction. On the other hand, sex under the cultural structure (religion) is defined as a 'dirty' act, one which needs to be followed by religious bathing. As Douglas (1966) declares, power describes risk and pollution. Thus, dirt is not only about hygiene. The cultural structure and power dimensions of the gender order define risk and dirt according to their level of danger for the existing structures. Anis understood from these meanings that having sex involves being polluted and dirty, and her body reflected this by suppressing her sexual desires. She applied an animal name (dog) to sexual activity with her husband, due to her religious beliefs. In Islam, a dog is dirty. Therefore, by using the word 'dog' to describe sex with her husband, she has interpreted the symbolic meaning of sex in the terms of a double abomination.



Also worth noting is the fact that Anis pointed out the notion of domestic labour in its relation to sexual activity; and, finally, immediately after talking about the matter of the religious issue, she linked her disinclination towards sexual activity to the fact that her husband was not supportive.

In her narration, then, Anis has connected a religious issue to the gender order and to gender roles (domestic labour). Moreover, by talking about what she thought about sex, before her marriage and in her childhood (where sex had been imagined in terms of having a supportive husband), she linked the silence and secrecy around the sexual awakening in her childhood with her later sexual life.

Therefore, she explicitly interpreted her sexual activity as influenced by and shaped through a number of different, often 'non-sexual', factors: expectations concerning what she 'must do' and who she 'must be' as a woman, including in the form of religious imperatives and domestic labour arrangements, and her own personal choices (the latter being actualised through her body in the form of her suppression of her sexual desires).

These experiences were found with other participants too. In line with Anis, Shokooh believed that:

*"Doing these things is dirty; if it's not dirty, why [do] we have to do Ghusl after it? You see, it is dirty."*

In that sense, she emphasised religious practices in accepting sex as 'pollution'. Also like Anis, Shokooh used the word 'animal' for characterising sexual activity. She claimed:

*"It's like animals that jump on each other. We are not animals to do it every night, or every week. You know it's not good for our health. These things make humans weak, physically and morally. These things waste your energy, and it's not good for your health if you do it frequently."*

These women understood, in their childhood, the meaning of chastity as suppressing their sexual desires and even their sexual fantasies. Therefore, they interpreted the meaning of sex with a symbolic meaning of 'abomination'. On the other hand, as stated before, referring to sex as 'abomination' can be a resource that women employed to control the situation.

#### 6.7.2 Attitudes to Sex

Although these women were not interested in sexual activity, it emerged from their interviews that they continued having sex with their husbands for one of three main reasons: they regarded sex as a chore; they thought of sex as a Jihad; or they wished to engage in an economy of the sex – which I will illustrate below.

Some of the participants, such as Razieh, Tahereh, Zeinab, Shokooh and Sanaz, believed that, as a wife, making their husband sexually satisfied is their responsibility. Razieh explained it very plainly in such terms: *"It's my responsibility as a wife to satisfy my husband."* Sexual activity, from these women's perspective, is a chore, like housework, which has been defined as part of their femininity. This can highlight the notion of 'feminine jobs'. This research has shown that being a wife and doing feminine jobs is not limited to domestic labour and taking care of children, but can be extended to include providing sexual pleasure for the husband. Hence, these women

identified their sexual activity with chores and responsibility, as a part of their femininity.

The meaning of sexual activity for these women has been shaped by culture and its symbols. Furthermore, power imposes itself through cultural structure, by defining gender roles for women (Connell, 2002). In this example, sex can be regarded as an emerging part of a woman's gender role. The women who participated in this research believed that satisfying their husbands is their responsibility. This highlights the importance of cultural consent in the maintenance of the gender order. This hierarchy of gender relationships implicit in the women's narrations of their sexual activity is indicative of the interaction between hegemonic masculinity (Connell & Messerschmidt, 2005) and a desirable sense of 'self' for women ('being a proper wife').

None of the women either questioned the fact that for them sex was a chore, or challenged the type of sex they endured, although they were dissatisfied. Framing sex as a chore is, in essence, an erasure of female sexual pleasure. This is another reason for underlining the notion of cultural consent and hegemonic masculinity. For example, Tahereh, who viewed her sexual activity as a chore, explained that her husband is the one who defined their sexual activity:

*"As soon as we've got satellite TV, my husband watches its programmes regularly. He sees skinny, beautiful women, doing things, you know. I can't do these things, and he wants me to be exactly like them and do exactly what they do, and so he's started to nag me about it. Then I feel guilty. I know for men sexuality is an urge and uncontrollable, but I don't know what to do..."*

Eftekhar also mentioned the influence of satellite TV on shaping women's sexuality:

*"You know, these days, men watch the satellite TV a lot, and they see many beautiful and well fitted women in it, so they want to have a woman like those. I think about them, and I really try to be like them. I always try to buy beautiful underwear and always try to be well dressed, and wear make up for him. I think women should wear perfume, new underwear, and try to be always to maintain a new shape for their husbands. Otherwise, they will become bored with them, and want another woman. Men always want new things, so we have to be always in different and various shapes... (Deep breath). Isn't it right? Do you believe me?"*

In line with these participants, Zohreh also stated her husband expectations of her:

*"Sometimes he says, 'you make me feel disgusted, you drive me crazy.' And I say 'what do you expect me to do? Play music or dance for you? Or be like the women you see in the satellite [television]? Now I'm not in the mood for it now.'"*

All television channels broadcasting in Iran are officially under state control. Although satellite television is legally prohibited, between 50-90 percent of all Iranians have access to it, and watch it regularly (Ismaili, 2015). Eftekhar and Tahereh articulate their sex lives as influenced by their husbands' sexual fantasies based on seeing actors on satellite television, which has a significant impact on their practising of sex. Moreover, all of the women in this research, with Tahereh and Eftekhar being but examples, thought that sex for men is an urge and uncontrollable, and they felt guilt and shame that they were not "*qualified enough*" (as Mansoreh stated) to fulfil their husbands' needs.

These participants viewed sexually satisfying their husband as an integral part of their feminine role, and their gender role, and saw it as a chore, like

housework, that they 'must' perform; therefore, they felt guilty about their 'shortcomings'. A very important finding of this study is that the women internalised their husbands' negative assumptions. Their definition of sex is based largely on the definition held by their husbands. This can further demonstrate the influence of power in shaping the women's sexuality. It could clearly be inferred that the power which the women in this research have experienced is not simply equivalent to being subjected to domination, but rather is indicative of hegemonic masculinity, controlling women internally and operating through cultural consent rather than by force.

Importantly, however, these women operationalised their agency – firstly, through the meaning that they understood from cultural structures about gender, and the subsequent reproduction of these gender roles. Secondly, they actively negotiated and mediated power, by suppressing their sexual desire - like Zohreh.

Another section of the women (Fateme, Eftekhar, Zahra, Masomeh, Molood, rahimeh, Bitra, and Nafiseh) who participated in this research alleged that their reason for continuing with sex was religious (sex as a jihad). They believed that satisfying their husbands is their religious responsibility, and if they want *"to be a good faith believer, they have to fulfil their husbands' sexual needs"* (Bitra). Eftekhar explained more:

*"You know, Imam Musa Ibn Ja'far<sup>30</sup> said that serving their husbands is women's Jihad. So yes, I still believe that we have to serve our husbands and sexually satisfy them."*

Nafiseh also stated: *"God gives reward to women for their Jihad"*. These women are disposed to the sexual meanings and norms and values of their

---

30 Imam Musa Ibn Ja'far is the seventh Imam of twelve Imams in Shiite.

cultural structure (religion). They have perceived that if they wish for spiritual reward, they need to sexually satisfy their husbands. Fatemeh also explained about the spiritual reward that she had received from Imam Reza<sup>31</sup> due to being patient and fulfilling her “*Jihad*”:

*“I can remember clearly that I went to Imam Reza’s shrine. I talked with Imam Reza and told him: “Oh holiness, I was only 14-years-old when I got married to a 40 year old man (burst out crying), be my witness my dear Imam”, and suddenly a piece of green fabric was dropped on my skirt and I got my reward....”*

Although it was painful for Fatemeh, as displayed by her crying during her narration, she consciously elected to carry out her ‘feminine job’, in exchange for a spiritual reward. Zahra also narrated that she believed if she “*fulfilled her responsibilities*”, she would get reward in the other world for being patient.

These narrations show that although power defines the meaning of sex, through the cultural structure (religion), for these women, they understood these meanings (thus demonstrating agency) and chose from the existing possibilities and constraints, doing so in order to gain spiritual reward (again revealing their agency).

However, the reward women seek is not always a spiritual one. The third group of women I interviewed discussed the more mundane rewards available. Hakim (2010) asserts that, in addition to economic, cultural and social capital, as per Bourdieu’s (2011) framework, erotic capital is remarkably important in modern societies. In this research, also, some of the women stated another reason for having sex is a desire to achieving

---

31 Imam Reza is the eighth Imam of twelve Imams in Shiites. His shrine in Mashahd is one of the largest mosques in the world.

bargaining power by engaging in an economy of sex. Maryam stated that if she said *“no to my husband, he would huff and miff for a long time”*. Therefore, she preferred to accept his sexual requests. Reihaneh also explained that to prevent her husband becoming *“grumpy”*, she *“would not say no to him”*. Nahid stated that she *“had learned that whenever she wanted to ask something important from her husband, it would be better to do it after having sex with him.”* She referred to this process as the *“wisdom of a woman”*. In line with Nahid, Pooran narrated that her aunt, who was 30 years older than her, always tells her *“to wear a special lip stick for her husband, and pay attention to the colour he likes”*, then she *“could have whatever she liked”*. Pooran named this *“women’s craft”*.

As cathexis is one of the important elements of the gender order, from Connell’s (2015) point of view, it could clearly be inferred that these women had accepted the hegemony of the gender order in their sex lives. The hierarchy of gender relationships, in the sexual activity of these women, coexisted with their cultural consent, which can help to sustain hegemonic masculinity in this arena of life (Connell & Messerschmidt, 2005).

Finally, it is worth noting that there was a remaining section of women in this research (like Sarah, Nahid, and Nakisa) who claimed that they did not have any problems *“in this matter”* of sex – they did not ‘have’ to have sexual relations. Sarah recounted that both her husband and herself were very busy, and whenever her husband returned home, he was too tired to ask for sex. Therefore, *“she was very lucky they had the same desire”*. Nahid narrated a similar situation:

*“I’m lucky that my husband comes home late. He just says his prayers and brushes his teeth, goes to bed and sleeps deep. I want to say that his work causes, a little...no; we haven’t had such problems. My husband always works on some big projects, so he is not at home until late (smiles). So I’m lucky. (Laughing)”*

These women regarded sex as a “*problem*”, and since their husbands did not have any or much sexual desire, they consequently did not have a “*problem*”. I have explained, above, how sex and sexual desire are understood in the lived experiences of the women who participated in this research. They embodied their sexual selves in a reflexive interaction between the gender order, the socio-cultural structure of their society, and their agency. In this process, they negotiated power in such a way as to achieve their desirable ‘self’. They elected to have sexual activity, even if it gave them no pleasure, due to the attitude they held towards sex - whether they saw it as a chore, as a Jihad, or as a useful bargaining ‘tool’ (an economy of sex). They did not have a total freedom of choice, but they chose between the possibilities and constraints that they had, and this highlights their agency. Moreover, I have placed emphasis on the connection between the meanings that women perceived in their present feminine bodies, their sexuality during their childhood, and the way that they understand their sex in their womanhood. Since they understood chastity, and identified this with being a ‘good girl’ - which meant suppressing their sexual desires and hiding their feminine bodies during their childhood - they defined their adult sexual actions in negative terms, naming it as ‘bestial’ in order to show their abomination.

## **6.8 Conclusion**

In this chapter, I have discussed how women’s sexuality, as part of their womanhood, has been shaped through their reflexive gendered embodiment



in the context of historical, social, cultural and religious structures. I mapped out the gender order with its four elements of power, cultural structure, labour and cathexis (Connell, 1987, 2009), which is practised through women's bodies and their sexual behaviour.

Furthermore, I have underlined the agency of the women's bodies, and indicated that their bodies are, at the same time, "*object of ... structures and agents in their different social practices*" (Connell, 2002, p. 47). Their active practice was revealed in their efforts to achieve a 'desirable self', which, for example was noted in the "Marriage" section with regard to independence from the parental family. Meanwhile, it was argued that their definition of a 'desirable self' is based on the meanings that they perceive in the cultural symbols available to them.

By referring to Southern theory, I have also displayed the women's agency and thus presented a challenge to the Western feminist perspective towards Iranian women as passive and inactive. I have emphasised that Iranian women do not have total freedom but they actively choose among possibilities and constraints and in this way they reveal their agency. Through their reflexive embodiment, women negotiate and mediate power within the hegemony of masculinity and manage to create a space in order to live a life according to their 'desirable self'.

The women's narrations in this chapter reveal that 'the gendered body' and their sexuality have been created by the interactions among socio-cultural structures, the meanings and symbols which women understand from their cultural structure, their reflexive embodiment and, more importantly, their

agency. Language as a significant element of the culture has a great role in this area. For example, women consciously did not use sexual words, or else employed them in another language to cover up their erotic meanings to prevent themselves from being stigmatised. This demonstrates their agency.

I also indicated the number of 'conflicting' meanings of gender and sexuality in the women's narrations and, accordingly, the sheer complexity of their constructions of sexual and feminine identity which is imposed on them through complex process of gender order and their power negotiating in their lived experiences. For example, I discussed the fact that although women perceived the meaning of femininity in the terms of being a 'good housewife', deriving these from cultural symbols, they believed it is not 'right' or 'fair' that they have to do the housework alone. Thus, they actively challenged this expectation by consciously avoiding sexual activity, under the excuse of doing the tiring housework (reflexive body technique).

In the last section of this chapter, I explored the women's sexual activity in the context of their marriages and scrutinised their perspectives or attitudes towards sex. Women derived their understanding of the meaning of sex as necessarily penetrative, from the cultural structure and its symbols. Most of the women in this research were disappointed in and even traumatised by sex, yet they felt pressure to continue having sexual relations with their husbands, viewing sex as either a chore, a jihad or a source of bargaining power (economy of sex). Some of them felt shameful, guilty and sinful about their sexual shortcomings and internalised their husbands' negative criticisms. By analysing these three strategies, I have uncovered the ways

that these women negotiated power and demonstrated agency in relation to sex in the context of their marriage and their womanhood.

This chapter discussed the process of creating the sexual and gendered experiences of these women through emerging and negotiated meanings in their womanhood and linked them to their experiences in their childhood. Drawing on the women's experiences during their womanhood discussed here, the next chapter examines sexual and gendered lived experiences of these women in their menopausal time.

## **7. Menopausal Time**

## **7.1 Introduction**

In the last two chapters, I analysed the women's accounts of their sexual and gendered experiences during their childhood and womanhood. I explained how the women's bodies actively responded to the gender order, and that they were able to negotiate power in accordance with the meaning they gave to their embodied experience of culture and its symbols during these phases of their lives. I also examined how their embodied sexual selves had been shaped by interactions between their 'active agency', 'reflexive embodiment' and socio-cultural structures of Iranian society through reflexive body techniques.

My purpose in this chapter is to explore the women's sexual lives and experiences during the menopausal phase. The chapter seeks to do this by examining the impact of gendered structures on the women's experiences during and post menopause. I define menopausal time as the period of time which starts from the time that women are diagnosed as being in perimenopause, by having irregular menses, to the time that their menses have ceased altogether, and they are considered post-menopausal.

All the women who participated in this research believed that the menopause marked a pivotal point in their identity. A woman, before the menopause, is considered to be 'a true woman', whereas a menopausal woman can no longer perform the role of a child-bearer. Thus, menopause can be a symbol of sterility and a symbolic meaning for the end of femininity (Daniluk, 2003) or a transition to a different kind of femininity and a change in the sexual economy. This can act to connect the women's experience of menstruation as a symbol of fertility failure in their childhood to their experiences from

menopause. It can be understood that the negative feeling towards both menstruation and menopause are rooted in the importance of reproduction as a part of women's femininity (Martin, 1987) and their body plays a crucial role in menopausal identity shift due to menstruation centrality in the menopause.

It emerged, from the women's accounts, that the passage from womanhood to menopausal time is measured as a bodily event, when the normal courses of menses undergo a variety of changes: irregularity of menstruation, and, for some women, other physical experiences, such as the drying of the vagina and hot flashes.

Since, these accounts are based on the medicalised definition of menopause, it is important to point out the influence of socio-cultural structures on this passage. During menopausal time, a bodily change (cessation of menstruation) causes the subjective experiences which are affected by the socio-cultural structure (gender order, medicalisation and shared meanings) that shapes understandings of the experience.

In contrast to the some western research which asserts that menopause and its signs and symptoms are not disruptive or debilitating (Daniluk, 2003) or that menopause is an inconsequential experience (Winterich & Umberson, 1999) and even a positive experience (Perz & Ussher, 2008), menopause delivers more negative meanings for the Iranian Muslim menopausal women who participated in this research. It can thus be concluded that women's experiences of menopause are profoundly dependent on their socio-cultural context.

The language around menopause in Iran supports this contention. In the Farsi language menopause is called یائسگی (Yaesegi) from the root یأس (Yaas), which means disappointment. Accordingly, menopause, یائسگی, in Farsi, means the time of despair and disappointment. This perspective shapes the Iranian Muslim menopausal women “loss narrative” which is one of the main themes in this chapter.

I identified five themes, which emerged from the women’s life stories relating to their menopausal time: i) disclosure of diagnosis: onset and timing of menopause; ii) understanding of menopause; iii) body image and cosmetic surgery; iv) sexual experiences; v) loss narratives and menopausal identity.

## **7.2 Disclosure of Diagnosis: Onset and Timing of Menopause**

In this section, I explore women’s narrations concerning the start, diagnosis and timing of their menopause. Most of the women in this study became aware of their menopause through diagnosis by medical staff while others found out about it through the knowledge that they had obtained from their peers, before their menopause had started. Eftekhar explained that she did not like her menopause, and then narrated that when her irregular menses started, she went to see a gynaecologist:

*“Yes, I don’t like it. I became menopausal very early; I think I was 47 or 48. You know, I did the blood exam to find out if I had become menopausal or not. When the result was ready, I went to see my gynaecologist. I will never forget that day, when she saw my exam; she looked at me as if I had cancer and was going to die! At first, I was really terrified. Then she told me she was sorry, and I was too young to become menopausal, but my exam showed that I had the menopause.”*

Eftekhar’s feeling towards her menopause (dislike), is constructed by the way that she realized what menopause meant to her. She explained it as a

*“terrifying”* experience. In the other words, her expectation of the results of being diagnosed with menopause was shaped by the negative reaction of the medical staff. The way that the gynaecologist informed Eftekhar about her menopause, was by using the same reaction as that for a fatal disease, such as cancer.

The gynaecologist’s attitude towards the menopause is based on the medical texts which refer to menopause as a ‘failure’, which can refer to ovarian failure, reproductive failure, or hormonal failure (Winterich & Umberson, 1999). Nilhand and Lyons (2011) after examining all the international medical text books about menopause, claimed that medical knowledge still dominantly considers menopause as a failure and a precursor to disease. Thus, menopause is constructed by medical discourse as a correctable oestrogen deficiency (Kaufert & Lock, 1997) displaying the impact of medical knowledge on the lived experience of menopausal women.

Eftekhar’s narration highlights two significant points. Firstly, that through the process of medicalization, menopause is defined as a failure or even a disease. This shows the power of medical knowledge on the woman’s body, shaping the menopausal woman’s identity through its impact on women’s understanding and experiences regarding menopause. Medical messages about menopause are interpreted by the women, and these women develop this interpretation, so as to make it part of their new identity and develop their perspective towards menopause. Thus, the negative attitudes of the medical staff towards menopause are imposed on the women, who use it to create their knowledge about their identity and their bodies during menopausal time.



Secondly, medical knowledge limits the menopause to a certain age. In other words, medical knowledge defines menopause based on chronological age and time. It demonstrates that in the biomedical approach, menopause has its own timetable in the trajectory of women's lifespan and women understand the timing of menopause as "*on time*" or "*off time*" through this discourse (Neugarten, 1996, p.117). Framing the menopause within a specific duration, medical knowledge acts as an institution to structure the women's understanding of their menopause. Moreira (2015) indicates that structuring the ageing process, based on biological age, has an effect on the individual's life course process. Thus, the biological age of 47 or 48 in Eftekhar's case is described as "*too young*" for her to become menopausal. In this example, the gynaecologist decided to start hormonal replacement therapy for Eftekhar as her biological age had not been defined as a 'proper' age for menopause. Eftekhar explained that she continued the hormonal replacement therapy until the age of 50, which was the 'proper' age for becoming menopausal from her gynaecologist's perspective.

Another example, which shows how biological age and medical definitions frame and structure meanings and understanding of women's experiences in relation to menopause is that of Hoda, who reached the menopause when she was 54 years old. She was tested by her gynaecologist when she was "*around 52*" to examine her hormone levels, to find out whether she was in perimenopause time or not. Although she did not have any signs/symptoms of the menopause at that time, the doctor merely did the test due to her biological age, and through the test result, Hoda realized that she was in the perimenopause stage. Thus, she did not know about her perimenopause

until the doctor decided to submit her to blood tests. In addition, despite the fact that she did not have any signs or symptoms, the doctor recommended that she start hormonal replacement therapy, merely based on her biological age, which she refused. These examples display the influence of biological age and its definition by medical authority on women's experiences regarding menopause.

The notion of biological age is raised by religious discourse which aims to define menopause by particular biological age. Islam (Shiite) describes a menopausal woman according to her biological age, which is 50 for 'ordinary' women, and 60 for Sayyid (women from the progeny of Prophet Mohammad). As stated in the childhood chapter, women do not have to say their prayers during menstruation, but when the menstruation blood stops flowing, they have to do Ghusl and then say their prayers. 'Ordinary' premenopausal women who are under 50 years old, or premenopausal Sayyid women who are under 60 years old with irregular menstruation, have been considered as non-menopausal women by the religious discourse. Therefore, for every blood spot that they see during the course of a day, they have to do Ghusl which causes a very complicated situation for them. Fatemeh, Zahra, Samin and Nafiseh told of their experience in this regard. Samin who is 54 years old and Sayyid stated:

*"When I was 46, my irregular menses started. You know, for example, I saw blood spotting 10 days or even more in one month. I mean, it could even have happened in one day. I can remember clearly the day that I said my morning prayers and I saw blood spotting, I did Ghusl for noon prayer and then again I saw blood spotting and I had to do Ghusl for my Maghreb (sunset) prayer, and I had to do this for 10 days, it was terrible. There were times I had to do ghusl three times in a day....."*

By delimiting the menopause to biological age, medical and religious discourses display their power in generating menopausal identity and practices (for example in praying, Ghusl, starting hormonal replacement therapy, and the definition of menopause). Hence, by categorising menopause according to biological age, the socio-cultural (religious) structure of Iranian society limits the menopause to a single definition without considering the lived experiences of the menopausal women themselves. This reveals a gender category signifying 'power' which women encounter in their sexual and social life. Gendered power imposes a specific definition on the menopause through medical and religious discourse, which set the terms in which the menopause is to be understood in order to support the hegemony. However, as no one enforces women to obey, it is a cultural hegemony which is associated with cultural consent. Women themselves select it, after interpreting the meanings, and, as mentioned above, in some cases, women in this research, like Zahra, decided "*to have it natural*". Accordingly, the agency of these women is revealed with their meaning making and their cultural consent.

Mahdieh who is 51 years old, and entered menopause when she was 50, also explained how the medical perspective and biological age can shape women's experiences with regard to menopause, but at the same time she pointed out another kind of her own agency:

*"I have my period every three or four months, but then it's heavy, so much that I have to use, sorry, baby's diapers. Yes, last year I visited a midwife, and then she told me that she hoped it could be postponed.... It should be postponed, because reaching menopause now would be terrible. She told me it was too early for me to become menopausal and insisted that I had to use hormones, but I don't like to use these hormonal pills."*

Mahdieh did not accept the medical discourse for her menopause, and decided not to use the “*hormonal pills*”, as she “*did not like them*”. She actively made her decision, which was against dominant medical discourse and this represents her agency. Anis, who became menopausal ‘too early’, also decided to stop taking the pills as she “*got tired of them*”.

Similarly, Mehri, 47 years old, narrated that her gynaecologist suggested, three years ago, for her to use Metformin<sup>32</sup> to postpone her menopause, but she did not accept it, as she did not wish to “*take medication like Metformin which would affect her pancreas, for a long time*”. The doctor recommended her to start Metformin to prevent menopause, even before starting the menopause, based on her biological age. As she disagreed with the definition of menopause from a medical perspective, she avoided using Metformin. This reveals her agency against the dominant medical discourse.

These examples show the authority of medical and religious experts over the shaping of the menopausal experiences of the women in this study, through the definition of menopause, and its relation to biological age. It could, clearly be inferred from the interviews that medical and religious perspectives reinforce each other in shaping women’s experiences and understanding of their menopause. In other words, medical knowledge and religious discourse not only define the age of menopause, but also explain its process, and the way that it can be altered. In this way, they seek to justify their interventions in women’s life course (for example hormonal therapy) through declaring ‘normalization’, which means modifying the body in the framework that has

---

<sup>32</sup> Medication for the treatment of Diabetes. The gynaecologist believed it is an anti-aging drug.

been called 'normal' by medicine. However, women have their choices, so they can select whether to accept the medical and religious view.

Women's agency is revealed in three ways: first of all, women interpret the meaning which they perceived from medical and cultural (religious) discourses, and secondly, some like Hoda, Mehri, Anis, Mahdieh and Zahra, by rejecting the medical discourse through refusing the hormonal therapy, showed their active agency. Finally, the third group revealed their agency through their cultural consent. The women in this study were all religious women, and they did not want to be stigmatised as unreligious ('the other'), so they selected the religious discourse although it caused a "*complicated situation*" for them.

#### *7.2.1 Onset of Menopause and Menopausal Signs*

For most of the women in this study, menopause started with irregular menses, and with menorrhagia (heavy menstruation). Farideh narrated:

*"It was a disaster even before starting. I mean, I had irregular periods for near two years, whenever I didn't expect them, they happened, and most of the time it was in the worst situations. For example, once I was in the classroom teaching. The actual class had finished, but I was answering the students' questions. I hadn't had my menstruation for four or five months, and then, suddenly, when I didn't expect it, it started, and it was heavy, there was lots of bleeding just in one minute. Imagine me, in front of the students, while answering their questions, and I didn't have any pads with me, because I didn't expect it! And I didn't have any way of controlling it. The feeling of awkwardness in a situation that you can't control is very bad. I was embarrassed, but thank God for these long uniforms, which cover our trousers, otherwise the student would have seen the blood stain."*

By mentioning her irregular menorrhagia, Farideh defined her menopause as loss of control. The loss of control was also mentioned by Maryam, when she

recounted her menorrhagia episode, but she stated that she regained control by having a hysterectomy (a surgery to remove the uterus):

*“Now I always thank God for letting me have the surgery, because I used to be in a terrible situation whenever I had my period as I couldn't even go out. I remember I was once a guest at my friend's house, I went there at noon and stayed until five, pardon me, but I filled their bin with my sanitary napkins which were full of blood. My friend, who is also a doctor, told me that I must really take care of myself. You know, it was like a misfortune for me to be stuck in an uncontrollable situation like that. When I got back home, all of my clothes were dirty from bleeding. My doctor said that we shouldn't postpone the surgery anymore. When I had an ultrasound, it showed that my womb's wall was 25mm, which was too thick. She made me a surgery appointment for the following week, as she thought it was urgent, and she said that during that week, I had to take iron supplements twice a day...”*

Farideh and Maryam indicated that their bodies were “*uncontrollable*”, due to their menopausal signs (menorrhagia). From their point of view, controlling their menopausal signs and symptoms meant maintaining control over their bodies. Having a body without boundaries, as menorrhagia during a party or in the classroom signified an “*uncontrollable*” body, was intolerable for the women. They described the loss of the ability to contain their bodies as a “*terrible situation*”. Maryam explained that her friends advised her to regain control of her body, by saying that she “*must really take care of herself*”. Maryam had to make an effort to gain control, and did so by undertaking invasive surgery. Maryam perceived from the medical and socio-cultural structures that she had to take control over the function of her body and make it “*predictable*”. Her agency showed itself in undergoing a hysterectomy, in order to prevent being stigmatised as ‘careless’. In this case, medical power along with the socio-cultural structure of society formulates morality defining a woman who cannot control her menopausal signs as a ‘careless’ woman. Consequently, Maryam’s body can be

considered simultaneously as both an object impacted by the socio-cultural structure and its expectations, and also as an actor, as Maryam actively decided to regain her control over her body by undergoing surgery.

It can be understood that medicalization of women's bodies has double aspects. On the one hand, women understand the definition of their menopause through medical discourse, and this displays the power of medical discourse on menopausal women's bodies. Yet, it also helps women to conceal the menopausal signs and symptoms in order to regain control over their bodies and to have agency.

For all the participants, menopausal signs such as having irregular menses (Fatemeh, Zahra, Tahereh, Molood and Rahimeh) or hot flashes (Zohreh, Sanaz, Nafiseh and Anis) were represented as lacking control over their bodies. Zohreh depicted her uncontrollable situation when talking about her hot flashes:

*“Zohreh: My hot flashes started three months ago. I had a delayed period for two months and when it happened twice I thought I was about to lose it [instead of suspecting it was menopause], but then for two months in a row, I had regular periods, so I thought everything was OK, but these hot flashes showed me I was about to lose it again. A hot flash is terrible and embarrassing, especially if you are in a party, or somewhere where you can't control it...”*

*Elham: Have you ever thought about using medication to control it?*

*Zohreh: No, I don't like to use hormones.....”*

Zohreh applied the word “lose” and not “O.K” for her menopause and considered her hot flashes as embarrassing and representing a lack of authority over her body. In line with Zohreh, Sanaz also regarded her hot flashes as “*embarrassing*” and “*uncontrollable*” events. She comments:

*“Hot flashes are the worst thing that can happen, especially when you have a Hijab; you can’t remove your clothes or take off some layers when it starts. There was one time that I was in the middle of a very important discussion with a General Director of Education, when it suddenly started. Water came out of my body. I felt embarrassed. I wanted it to stop, but it wouldn’t, and even thinking about it made it worse. It was something terrible and uncontrollable. My Chador and my clothes became wet from my sweating, and I couldn’t do anything, even thinking about it makes me embarrassed...My doctor told me I could use some medication, but I don’t like it. Sometimes I drink some kind of herbal tea for it instead.”*

All the women narrated their lack of control over their bodies as an “*embarrassing*” situation. In other words, they interpreted their menopausal signs, such as hot flashes or irregular menstruation, as events that position them in an embarrassing situation. Their hot flashes and irregular menstruation created a situation where their “*self*” is in conflict with the “*self*” they desire to present (Goffman, 1956) and therefore, they experienced embarrassment. Their ‘desired self’ is a woman without uncontrollable menopausal signs.

This demonstrates that their embarrassment is not the result of a psychological or physical event, but it is the result of their interaction with the socio-cultural structure and the way they perceived the meanings from the cultural symbols. They understood their menopausal signs as lack of authority over their bodies and consequently, the symbol of embarrassment through the socio-cultural definition of menopausal signs. Hence, in this study, embarrassment has a cultural dimension, which can explain the way that power utilizes embarrassment through socio-cultural structures, and imposes itself and its definition on menopausal women.

In these cases, women presented their agency in various ways. For example, Sanaz showed her agency by consuming herbal tea in order to



gain her 'desirable self', which displays her acceptance of menopausal signs as the symbols of embarrassment. Yet, although Zohreh felt embarrassment, she stated that she would not discipline her body according to medical discourse. This could have stigmatised Zohreh, so she decided to not tell anyone about her decision:

*"Whenever I was with my sister-in-law and had hot flashes, she continuously recommended that I see her gynaecologist, and start hormonal replacement therapy, and whenever I told her that I didn't like to use hormones, she accused me of not taking care of myself. You know, I decided to tell her a lie, (laughing), so that now she thinks I'm using hormones (smiling)...."*

Zohreh did not simply disobey the medical discourse, she chose to hide her disobedience to not be stigmatised as being 'careless' about her body and self.

All of the women, in this study, perceived their menopausal signs as a lack of control over their bodies as indicated through the socio-cultural structure, and caused embarrassment for them. Those who acted to control their bodies display cultural consent. The women actively choosing to adopt two different strategies to manage their menopausal signs and symptoms, revealed their agency.

One group (desired self) actively attempted to change their bodies in order to reach their 'desired' bodies and selves; for example, by drinking herbal tea, taking hormonal replacement therapy and even undergoing surgery. They believed that such measures would enable them to regain control over their bodies, and so prevent them from being stigmatised. Although, this group of women showed agency, they followed the medical model to take over control of their bodies. The second group (hidden agency, like Zohreh)

decided not to obey the dominant medical discourse as part of socio-cultural structures and resisted the definition of menopausal signs that is presented. Yet, in order to not be stigmatised, they chose to hide their agency and acted as if they had accepted the dominant discourse.

Nahid, 51 years old, was the only participant who thought that the commencing and timing of her menopause would be “good” for her. She narrated:

*“Menopause ... you know. I haven’t had those symptoms, fortunately. I think I was lucky and it was good for me that it didn’t stop at once. If it stopped suddenly, it would be a great shock. I consider that if someone has her menstruation regularly every month, but suddenly from this month, it stopped, it would really be a bad shock. But if it stops little by little, our thoughts and our body will have enough time to get used to it. The first time, mine stopped for 45 days. Then it restarted, only to stop again for two months. So then I went to see the doctor, who ran blood tests on me and told me that my menopause was starting. I just accepted it.”*

Contrary to what she stated (that she did not experience any menopausal symptoms) she had, in fact, experienced irregular menstruation twice before. Yet, she “accepted” it as a “good” event, as it allowed her to adjust to the new situation. She regarded unexpected menopause as a “bad shock”, which needed time to prepare for. By having irregular bleeding twice before, she considered that this provided her body and mind with time to adjust to a new situation, in this case, ceasing menstruation.

To summarise, in this section I have analysed women’s narrations with regard to the start, diagnosis and timing of their menopause, and have shown how the medical and religious hegemony serve to regulate menopausal women’s bodies. This became evident through the framing of the meaning of menopausal signs, associating the menopause with

biological age (defining a time period for it), and delivering meanings of 'lack of control' and 'embarrassment' to menopause, which can have a significant impact on shaping new identities for menopausal women.

All of the women in this study believed that the biological age for their menopause was defined by the socio-cultural structure, specifically the religious and medical structures identified in this research. Thus, gendered power is imposed on menopausal women through medical and religious discourse and shapes their understanding, experiences and practices, and defines morality (as taking care of themselves and their bodies) to support the hegemony. Yet, no one directly forces women to obey it. Women themselves choose what to do after interpreting the meanings. One group accepted the dominant definition and modified their bodies in order not to be stigmatised (reflexive body technique). Another group of women challenged the dominant discourse by hiding their disagreement, rejecting hormonal therapy, or using medication to postpone their menopausal time.

I have explained that menopausal signs and symptoms have been understood as 'losing control' of the body and an "*embarrassing*" situation by most of the women in this study, through the meaning that they perceived from socio-cultural structures. Most of the women accepted this dominant definition demonstrating cultural consent and the hegemonic pattern of power. One group of women revealed their agency by changing their bodies so that they could regain control over their bodies. The other group contested the hegemony of medical discourse, but since they did not want to be stigmatised, they hid their opinions and acted as if they had accepted the dominant discourse. Their hiding strategy also demonstrates their agency.

### 7.3 Structural Influences on Understanding of Menopause

In this section, I explore the women's understanding of their menopausal experiences, and the way they gained their understanding. I will argue that the socio-cultural structures of Iranian society and the gender order have a significant effect on the process through which women understand their menopause. This section will also explain the responses of the women's bodies to the menopause. After explaining the resources for women's understanding of menopause, I discuss what women understand about their menopause, and why women regard their menopause i) as a source of illness and depression; ii) as a time for re-evaluating their life; iii) as a sign of being old; iv) as a death reminder; or v) a body reminder.

#### 7.3.1 Resources for understanding menopause

All of the participants gained their understanding about menopause through medical staff or their peers. They preferred to hear about menopause from other women who had common lived experiences rather than reading books or searching the internet. However this knowledge is heavily mediated by medical discourse. Zohreh explained:

*“Zohreh: I know about the menopause from those who have had the experience.*

*Elham: Can you explain more?*

*Zohreh: For example my friends who have been to a doctor and the doctor gave them hormonal pills or pills for depression.*

*Elham: Has the doctor said that menopause is the reason for depression?*

*Zohreh: No, they have taken them, and doctors say “Oh, we have done this to avoid that, and we have done that to avoid this”, and then I understand that menopause brings this and that.”*

Zohreh mentioned that, firstly, her understanding has been shaped by both medical discourse and her peers, whose own understanding and

expectations of menopause have been created and mediated by medical discourse. Thus, the medical definition of menopause influences women's experience of menopause, both directly and indirectly, through their peers' accounts. Secondly, Zohreh's narration can be understood as indicative that medical discourse regards menopause as a source of illness, and so has a prevention perspective towards menopause.

Masomeh illustrated the influence of her colleagues on her perspective towards menopause:

*"When they (friends) saw my laboratory test, they said:" Oh, my God, you have the menopause?! It's as if they were talking about cancer" (Smile). Maybe this type of reaction, beliefs and words make us upset, and when I talk to my colleagues about my bone pain and my body pain, they say" Oh, it is because of the menopause", but maybe, it is because of something else, I don't know."*

Although all of the women mentioned that their understanding about their menopause had been formed by the influence of medical staff and their peers' accounts, they emphasized that accessing reliable information was difficult for them. Anis also explained that in the Iranian media, and especially in the national T.V, there is a *"big silence"* about menopause:

*"Yes, see, on TV or in films, they can talk very formally, they can't say everything clearly. In Iran the only thing that they can talk about clearly on TV, is pregnancy. I mean just in Iran. I don't know about abroad. They just talk about pregnancy, not more than that, and it is very vague and there is a big silence. And in programs in which doctors are invited to speak, they just answer particular questions like how to prevent the bone pain, or other pain during menopausal time, but not more than that..."*

Anis indicated that a woman can understand the meaning of the menopause from the cultural symbols, through the media, as a medical message, which is reflective mostly of the medical discourse. This discourse with its medical

glaze regards menopause as a source of illness, which needs preventative medicine.

Zohreh, Reihaneh, Mansoreh, Bita and Tahereh also referred to the silence about menopause on national T.V and media, but indirectly, a menopausal woman in the movies is represented as an “*old woman*” with “*different kinds of pain*”, . Zohreh explained:

*“But the films that they show on TV or even at the cinema are like that. They don’t say directly that she is a menopausal woman, or they don’t even talk about hot flashes, but they always show an old, inactive woman with back pain and leg pain as a classic elderly female, and you can guess she is a menopausal woman.”*

Reihaneh also said: “*Look at these series on TV. The old ladies ALWAYS have pain in their backs (with emphasis on “always”)*”.

### *7.3.2 Menopause as a source of illness and depression; and as a time for re-evaluating life*

Most of the women in this research regarded their menstruation as ‘pollution’. Therefore, it might be expected that their perspective towards menopause, might be viewed positively as the cessation of ‘pollution’. However, the interviews revealed that the women held negative perspectives. Samin who is 54 years old, and had experienced menopause for nine years, explained menopause as a source of illness, as it keeps the “*polluted*” blood in the body:

*“When you have your menstruation, your dirty blood comes out of your body every month, but when this ceases, the dirty blood remains in your body. Therefore, menopause can’t be good and healthy, as it’s the source of all pains that we have, such as this terrible bone pain....”*

In Samin’s narration, blood plays an important role in her understanding of her menopause. The menstrual blood has been considered as dirty blood which can pollute the body and cause illness. In this regard, menopause is

the time that dirty blood accumulates in the body and leads to illness. Similarly, Anis, Habibeh, Farideh and Masomeh believed the menopause to be a source of illness and depression. Anis stated “*menopause is a monster and it is the reason of [my] depression*”:

*“At the beginning, I thought, Oh! It would be good not to have menstruation’, but after a while my bone pain started, and then I became depressed. After my menopause nothing can make me happy. It was like a monster that captured my entire body. For example, now everyone is shopping for New Year and they are happy, but for me it is something vain and meaningless.”*

When I asked her what could be the reason for her depression after her menopause, Anis, at first, avoided answering, but then said that she did not know the reason. Nevertheless, she highlighted that menopause, for her, was a time for re-evaluating her life and thinking about the past and future. She continued further, to explain what difficulties she had experienced:

*“Even taking a shower is very difficult for me. I always postpone it, telling myself I will do it tomorrow, but again tomorrow I won’t do it. Nothing makes me happy, gold, jewellery, kitchen utensils, clothes, buying a house, anything that makes other women happy, does not make me happy. When I see women of my age, for example, my sister-in-law, I notice that she has better moods, and she’s happier than me. I think the reason is she does not have the menopause, and still has her periods, so she has better moods than me. This depression came after my menopause. I think that the menopause made me think again about my life, re-evaluate it, and then think about my future, and it made me depressed, that I did nothing for myself.”*

Anis explained that the menopause for her is a time to look back on her past and look into her future and as she found that she had “*sacrificed*” herself, so she became depressed. Depression is the reflection of her body resulting from a re-evaluation of her life history. In contrast, with the definition of menopause from medical discourse, which refers to lack of control (authority), menopause for Anis is a time for thinking about herself and her

‘desirable self’ in which can demonstrate her authority. She regarded her menopause as a time to decide about attaining her ‘desirable self’, thereby showing her agency. In other words, menopause is a trigger for her to alert her agency, to think about the self she desires to be.

Anis’s account also clearly illustrates the complexity of social context. As discussed in Chapter 6, women understand the meaning of a ‘proper wife’ as being a good mother and a good housewife, based on the gendered socio-cultural structure of society. This implies being selfless, and living up to the socio-cultural structure’s ideals, where failure results in women being stigmatised.

However, during menopausal time, some women, by re-evaluating their life history and identity, found out an enormous distinction between the ‘proper wife’ definition and their desirable self. This made Anis understand the distinction between her “I” and “me” and it resulted in her depression. Depression is the reflection of Anis’s body and mind’s reaction to the gender order. In addition, it shows that the menopause is not the sole cause of stress, but is just one element in several underlying causes. Moreover, despite its sensitive topic (sexuality), women were eager to participate in this research and the interviews revealed one reason for their eagerness to participate as being due to their understanding of menopause as a time for re-evaluating their life history. I regard this practice as an example of women’s agency.

### *7.3.3 Menopause as a sign of being old*

Some of the participants, like Pooran, Eftekhar, Samin, Nafiseh, Farideh and Zohreh, viewed their menopause as a sign for being old. Pooran, who was



48 years old, and had reached the menopause five years ago, first explained that she felt guilty if she went to beauty salon and spent her time there, as “she was too old to do these things”:

*“When I first became menopausal, I didn’t think it would happen to me so early. Then, I considered myself a retired person. For example, if I wanted to go to the beauty salon, I would start thinking that I was old, or those clothes weren’t suitable for my age, they were foppish. So, I had to forget those clothes. The first years especially, bothered me very much; it was very hard for me in those first years, during which I used to get very upset. I continuously told myself, “Oh, I am old, and I am an old woman now, I should not do this and that, because it is not suitable for my age. You see, I still can’t accept myself in this situation (menopause). I know I have to get along with myself, and to accept myself. For example yesterday I went to a beauty salon from 1pm to 3pm, as it was very busy for the New Year. I felt guilty that at this age I spent 2 hours in the beauty salon, even though it was for the New Year ...oh why ...I said, oh why am I doing this, I’m old, why do I spend so much time at the beauty salon?”*

These women considered the onset of their menopause as a sign of being old, even if, for example, they were only 43 years old, like Pooran, when they experienced the menopause. This perception of the meaning of menopause as being old emanates from the socio-cultural structure of society, and through the cultural symbols in the media. Zohreh also explained that she did not like the menopause, since she perceived menopause as being weak, bad tempered and inactive like old ladies:

*“Zohreh: I don’t like the idea of the menopause, because I don’t want to be bad-tempered, old, weak, or inefficient and inactive, since I’ve heard it affects leg and back bones and you become inactive.  
Elham: You mean a menopausal woman is bad-tempered and old?  
Zohreh: Yeah, it causes insomnia and it affects your temper and mood.”*

Zohreh’s understanding of menopause is based on the dominant medical discourse. These narrations reveal the gendered power of medical discourse which imposes itself on the women’s bodies through culture and its

symbolisms. Medical discourse sets the terms by which women understand their menopause, and affects women's experiences of their menopause.

The women understood that being old means "*ill, inactive, bad tempered, weak and retired*". Thus, so as to not be stigmatised as "*ill, inactive and retired*", some of them like Eftekhar and Shokooh hid their menopause, even from their husbands. Shokooh called herself a "*good actress who played at menstruating every month for two years*". Eftekhar also said:

*"Even for the first three or four years, I tried hard to hide my becoming menopausal from my husband (Smile) as it showed I'm old. On TV they always show menopausal women as being hors de combat. Have you seen this new series in TV1? Last night I was thinking that they represent us as very old and inactive people."*

Yet, the women are not passive. In this regard, their agency is displayed by three actions. First, women interpret the meaning of the menopause, from their understanding of their cultural structure and its symbolism which shapes their perception about menopause. Secondly, most of the women who participated in this research criticised the media, either for presenting menopausal women as old, or being silent about the menopause. This suggests that their own understanding of menopause conflicts with the cultural and medical structures. Finally, another group of women, like Shokooh and Eftekhar, actively hid their menopause, so as not be stigmatised as old and inactive.

#### *7.3.4 Menopause as a death reminder*

While some of the women considered their menopause to be a sign of being old, it was also seen by some such as Bita, Maryam, Mahdieh, and Reihaneh, as a reminder of death. Bita, who became menopausal when she was 48 years old explained:

*"I had a very bad feeling at that time, as I felt that everything was finished, and I am now old, and I had to wait for the time of my death. I thought the world was finished for me, because this event had happened. It also had a very bad effect on my son. As my menopause had started very soon, I was very depressed and I told my son to find someone else to be his friend. I told him to talk with his aunts instead of me, as they were younger than me. I made him worried, and he thought that his mother was dying... you know why I said that, it was because I thought I had to make him ready for my death"*

Similarly, Maryam, who is 50, stated that starting her menopause was a reminder of how close her death was.

*"Maryam: My belief about my menopause is that I keep thinking about what will happen to my kids, and I also keep thinking I'm reaching the end of my life. For example, I wonder whether I'll still be alive in the next 10 years, I don't look at the past anymore; I only worry about the future. I keep wondering how many more years I have and will my kids marry while I'm still alive? I always look at the future, and think about how I'm near to the end. I'm worried about what will happen to me. Because being 50 is a lot....*

*Elham: 50s are not a lot!! You are still in middle age....*

*Maryam: No, I've had my life. I tell myself it's finished, for me. It's now the other world that I have to think about. I mostly think about the future in the other world and what's going to happen there..."*

As a result of their understanding of menopause, through the medical and cultural structures as a source of illness, lack of control over the body and a marker of ageing, these women perceived their menopause as a symbol of death. Hence, some women pause all their social activities when their menopause starts. For example, as Pooran mentioned, she did not even feel motivated to go to a beauty salon.

The cultural and medical structures appear to induce an understanding of death as the symbolic meaning of menopause for women. These structures transform a living woman's body into an uncontrollable, aged and ill body, waiting for death. The process by which women understand their menopause as death can link their gendered bodies and sexual identity to the death

concept, and so represents menopause (part of gender and sexual identity of the women) as social death for women. Consequently, social death makes the women's lives meaningless and deprives them of social vitality before their physical death. It can be argued that medical and cultural structures impose their power on the women's bodies through particular understandings of menopause and shape it as a transition to the final stage of life. Therefore, menopausal women's bodies are conceptualized as a symbolic system by the medical and cultural structures in order to regulate women's bodies.

#### *7.3.5 Menopause as a body reminder*

Other participants in this research understood their menopause by linking the pause of menstruation or blood from their body to the exuding of sweat in response to hot flashes. Sarah, Mansoreh, and Sanaz claimed that their hot flashes and sweating were body reminders for them. Mansoreh said:

*"In my family, we call it [menopause] dryness, but actually it's not dryness (laughing) if you think about hot flashes, and the amount of water that comes out of your body....whenever I have my hot flashes I feel, at that time, that my body becomes like a burden on my shoulders".*

Sanaz, also stated:

*"For me, menopause is stopping blood and starting water (laughing). A hot flash is a terrible thing. Suddenly your body becomes hot, hot, hot, and water comes down from your face, head and neck, and flows over your body. Then you can feel that you have a body, I mean you can feel its burden, like when you have a menstruation pain. You never normally feel your womb, but when you have a menstruation pain, you can feel your womb. After my menopause, I can feel my body; I mean the burden of my body through the hot flashes and sweating..."*

These women, in their narrations, pointed out the notion of their menopause as a body reminder, due to their body fluids (blood and sweat). They interpreted their hot flashes and sweating as a "*burden*", reminding them of

their bodies. Sanaz compared the dysmenorrhea (menstruation pain) to hot flashes, which are part of the sexual identity of a woman. Although hot flashes do not have any physical pain, in her definition, they are intolerable, and a reminder of her body, which she did not feel before her menopause. In other words, cultural and medical structures transform the sexual identity of menopausal women from a natural process into a complex process that is understood by women as a “*burden*”.

To summarize, this section has explored the process by which women’s understanding of the menopause has been shaped by socio-cultural and medical structures. Women who participated in this research, perceived the symbolic meaning of their menopause through medical and cultural structures, as a source of illness and depression, as a time for re-evaluating their lives, as a sign of being old, as a death reminder and as body reminder. Some women believed that the menopause made them conscious about their bodies, which was not evident before their menopause, and so they understood their menopause as a body reminder. Others explained that menopause was a death reminder and a transition to the final stage of life, which is the reflection of their minds and bodies on the meanings of menopause they derived from gendered socio-cultural structures. Thus, for all of the women who participated in this research, menopause was a transition to a new identity.

The group of women who re-evaluated their life histories identified a distinction between the expectations that socio-cultural structures imposed upon them and their desirable selves. Through their childhood and womanhood they understood the meaning of a ‘good girl’, a ‘good wife’ and

femininity from the socio-cultural structures of their society, by performing the gender roles, and accepting the gender order. In their menopausal time, after re-evaluating their life course, they find that the 'desirable self' is entirely different from the dominant definition. Their bodies responded to this by inducing depression (reflexive body technique). I consider the women's re-evaluation of their life course in menopausal time as their agency or active political practice. In this regard, their depression is their bodies' objection to the gender order and the dominant socio-cultural structures. Providing an opportunity to re-evaluate their life histories has showed the agency of these women as they considered menopause as a time for thinking about the 'desirable self', and making decisions about their future. Moreover, by challenging the silence and secrecy about the menopause, especially in the media, which makes accessing information problematic, the women revealed another aspect of their agency.

#### **7.4 Body Image and Cosmetic Surgery**

In this section, I discuss firstly how, in their narratives, menopausal women perceived their body image; secondly, how they experienced the changes in their shape and face such as wrinkles and weight gain. And thirdly, I explore how women interpreted the meanings that they experienced recursively from the gendered socio-cultural structures about their body image, and how they understood the definition of beauty and femininity in their menopausal time, after experiencing the physical changes associated with ageing. Finally, I explain women's reflexive body techniques when responding to the gender order and socio-cultural structures.

It may be assumed that in Iran, as an Islamic country in which women are legally obliged to wear the Hijab, body shape is not an important issue. Yet, Iran is reported to be among the top ten countries, with the highest rates of cosmetic surgery, and has the world's highest rate of cosmetic nose surgery (Tehran bureau correspondent, Guardian, 2013; Tehran bureau correspondent, the National, 2016). These rates indicate the importance of bodily appearance, and the influence of gendered socio-cultural structures on the menopausal women's bodies.

In the four month period during which I conducted field work in Iran, I received more than six advertisement text messages every day from different clinics, encouraging women to change their body in order to be thin and appear young, or at least not be old and fat. This reveals that women experience their body in an environment of profound consumer culture which targets women, especially those who are middle-aged, and whose bodies do not correspond with the 'ideal'. The consumer culture also targets the doctors, influenced by pharmaceutical companies, who perform the procedures for their own benefit.

All of the women in this research believed that menopause had a negative effect on their appearance. Eftekhar, 54 years old, first explained that she did not have enough money for cosmetic surgery. When I asked if she would undergo cosmetic surgery if she did have, she responded:

*"Eftekhar: (Big smile) Yes, of course I would. Sometimes I really think about it, especially to remove these puffs around my eyes. (Laughing)*  
*Elham: Why do you want to do it?*  
*Eftekhar: Because of beauty, everyone likes to be beautiful.*  
*Elham: But you are beautiful now.*

*Eftekhar: No, I'm not; you didn't see me when I was young and before my menopause. When I was young, I had long hair and big eyes and my skin shone without any wrinkles. My skin was bright.*

*Elham: So do you think before you became menopausal, you were more beautiful?*

*Eftekhar: Indeed! I think all women are more beautiful when they are younger. Youth means beauty. We shouldn't take it for granted."*

This demonstrated four points. Firstly, according to her statement, a woman's socio-economic status is the key in having the opportunity to change her body's appearance. The women who participated in this research, regardless of their socio-economic status, narrated their desire to 'rectify' their body shape. For example, Fatemeh who is illiterate<sup>33</sup> also expressed that if she had enough money she would "*get injections for her wrinkles*" (Botox). Secondly, although in the interview I insisted that Eftekhar is beautiful, she did not accept it, as the definition of beauty for her was 'to be young'. This kind of hierarchy shows the hegemony of being young for describing the beauty of women's bodies. In this example, while power through the cultural structure defines beauty, Eftekhar herself also believed in it, and by her active agency attempted to gain her 'desirable self', which meant having a 'young body'.

Thirdly, instead of referring to herself as being menopausal at 47 or 48 years of age, Eftekhar repeatedly referred to her body as old; the menopause has a symbolic meaning for being old. On this basis, power not only defines beauty through the cultural structure, but it is also the reference for the definition of old and young. Eftekhar explicitly described her appearance before her menopausal time in order to point out that she was beautiful and young before her menopause. She perceived the meaning of ageing and

---

<sup>33</sup> As I mentioned earlier, the participants were from different social classes and educational levels.



beauty from the socio-cultural structure, which marked her menopausal time as a time for ageing and losing beauty. It could clearly be inferred that according to her experience of her body during the menopausal time, the personal is political (Twigg, 2004).

Finally, this example demonstrates the reduction of the self to bodily appearance. Just as the women perceived the meaning of femininity, of being a 'good girl' and a 'good woman', from the socio-cultural structure and gender order of society in their menopausal period, they continue to define themselves according to the gender order, and social criteria of femininity, leading to the desire to modify their bodies.

Similarly, Pooran explained that her menopause was the reason for her wrinkles and consequently, her "*being not beautiful*":

*"....oh... well, when a person gets depressed in menopause, it affects her face, and when wrinkles appear, you are not beautiful. But I don't like to use any kind of creams."*

She considered her menopause as the reason for her depression, as it brought her wrinkles and consequently, the decline of her beauty. In spite of referring to the dominant definition of beauty, Pooran actively declared that she did not like to use creams. This suggests that her definition of beauty, and being young, is different from the dominant definition of the cultural structure.

Mahdieh firstly stated that she thought having wrinkles made a woman "*a little ugly*", and then she explained her reason for having Botox injections:

*"Elham: So why do you feel the urge that you should inject the Botox?  
Mahdieh: My face.... I don't know, my face ... because of the looks, I mean, how people regard you... people see your face, they don't care*

*how old you are. If you have wrinkles on your face, they say you are getting old. Your face is very important in the way people think about you, and your age. If you have wrinkles people say 'She is old'.*

*Elham: Is getting old bad?*

*Mahdieh: Indeed. You are not beautiful anymore when you are getting old."*

Since wearing a Hijab is mandatory in Iran, and all women have to cover their body by wearing uniforms, trousers and a scarf or Chador<sup>34</sup>, a woman's face because the focal subject of viewing by other people. Therefore, it develops into a particularly valuable part of her body and her beauty. This can be the reason that all of the women, in this research, talked more about the wrinkles on their faces, and less about the other parts of their bodies. Mahdieh assertively emphasised her face and then connected it to other people's perspectives of her age and her identity as being old or young. 'Old' turned into her essential identity, an identity based on a part of her body which is visible to other people and their judgement. Therefore, Mahdieh could fully account for being an old woman based on her face. This makes menopause a transition to a new identity (being old). This new identity (old) represented a stigma for Mahdieh, delivering negative meanings, and creating shame for her. Accordingly, Mahdieh actively tried to hide this new identity so as not to be stigmatised. Here we can see that women understand from the gendered socio-cultural structure, that they should feel bad about their ageing, especially if it starts early. Consequently, they attempt to hide all of its signs (Twigg, 2004).

Identity based on age also had the meaning of being 'ugly' for the women. This identity linked to gender and gender roles, through which women understand their femininity and their sexual lives, as selfless persons. As

---

<sup>34</sup>Chador is a large piece of cloth that covers the body from head to toe.

explained in Chapters 5 and 6, women have understood that the 'ideal' of femininity and a woman's body should respond to men's 'desire' according to the culture of hegemonic masculinity, and this understanding is also applied to the menopausal body. In this way, menopausal identity can be "*identity politics*" (Cruikshank, 2008) for a menopausal woman, influencing her life history that is shaped by the gender order of the society.

Mahdieh later pointed out the influence of her peers in constructing her perspective towards her body shape and menopause. Her peers' perspectives and understanding of beauty and ageing had also been shaped the gendered socio-cultural structure and gender order. When I asked her about her feelings towards her body and its changes in her menopausal time, she answered:

*"Mahdieh: Mmm (Silent) I don't know, honestly. My colleagues say that they grew a fat belly. They say that their bellies have grown larger after their menopause. I don't know, but I worry about that.*

*Elham: Do you think having flaggy belly is bad?*

*Mahdieh: That your belly grows larger? Yes, it's bad. Surely it's bad.*

*Elham: Why is it bad?*

*Mahdieh: Oh it's obvious, indeed it's very ugly. It makes you look ugly. For example, if you want to go to a wedding party, and you want to buy a dress, your belly is one problem, your breasts are another, and they come out from each side of your body. Thank God, I think I don't have it yet.*

*Elham: Do you think being fat is ugly for men too?*

*Mahdieh: To tell the truth, NO. I mean for men having a large belly, but not very large is OK and even makes them handsome (smiling)."*

It can be inferred that Mahdieh perceived the meaning of beauty and ugly based on a gendered socio-cultural structure of society. The women's bodies are seen as problematic when entering one of their sexual life stages, in this case menopause. Power imposes itself through the cultural structure, and

defines 'ideal' beauty for women reflected in women's thinking about their age and their beauty.

Anis believed that after her menopause she had more wrinkles and had "become fat", and this made her sad, as she did not have any suitable clothes to wear. When I asked her why she did not buy new clothes in her new size, she answered:

*"In my size those clothes are not beautiful, ever; you can't find beautiful dresses in bigger sizes, so you have to make yourself thinner to reach those small sizes, or, another example, when a young lady wears foundation make-up, it's absorbed completely into her skin, but for me, it goes into and among my wrinkles and when you sweat, which you do frequently during menopause, all of your make-up will be destroyed. Menopause makes your face skin fall and misshapes your face. I used to have regular parties every month with my colleagues, but as I became fat, and have wrinkles, for a long time, I don't participate in them anymore. But when I did go, it made me happy."*

Anis's comments illustrate the consumer culture and its influence on women's bodies. Consumer culture firstly addresses beauty as being skinny and wrinkleless and then, by producing especial products, encourages women to buy them, in order to achieve these goals. Here the gendered power and consumer culture reinforce each other and make women's bodies a site for interaction between consumer culture, gender order and their reflexive embodiment. Women understand the meaning of beauty from consumer culture, which presents youthfulness as the 'ideal', and to gain this 'ideal', it is necessary to conceal the ageing signs.

Although power, as an element of gender order from Connell's (1987) point of view, had a significant effect on Anis's body, it was Anis who understood the meaning of the menopause from the cultural structure and her

understanding shaped her identity. This meaning-making shows her agency. The cultural structure which defines youthfulness and feminine beauty constructed Anis's feelings towards herself, her body and her menopause (a part of her sexual life). And her reflexive embodiment was her depression, resulted in the need to hide her body by not participating in parties. Her feeling and her mind were shaped through interaction between the cultural structure, gender order and reflexive embodiment (Crossley, 2005). Since her body's image increasingly moved away from what she perceived as cultural acceptance, Anis felt 'shame' about her body, and actively excluded her body from social communication, causing social death (one of the ways that women understood their menopause). Her reflexive body technique hid her body from social communication so as not to be stigmatised for her body's appearance, which did not correspond to the accepted cultural standards.

Later, when I asked Anis if wrinkles made men ugly too, she responded:

*"No, but for them being muscular is important. For example, when my husband lost weight, he said: Oh God, I've lost weight. I am like this or that; I'm now as thin as a rake....."*

Her account highlights the double cultural standards for femininity and masculinity with regards to beauty and body. Gendered socio-cultural structure shapes women's understandings of femininity, and women practise femininity and anti-ageing through their bodies, based on the definitions they perceived from the socio-cultural structure<sup>35</sup>.

---

<sup>35</sup> It also highlights that men are also held to cultural standards as well.

Nahid spoke about one of her colleague's ageing experiences and its pertinence to hegemonic masculinity which defines femininity and masculinity:

*"Whenever she smiles, she always does this (shows the gesture of keeping her mouth closed by her hands). I asked once why she did this, and she answered her husband told her to, that when she smiled a wrinkle was made here. I always tell her to take it easy and asked her if he didn't have wrinkles himself? She was 48 years old, what does he expect of her? He thought she should be like when she was 25 years old, the time that they got married. Some women are very sensitive. Some men are ... you know; I want to say their husbands make them be like this, and to be so sensitive about their age."*

The definition of ideal femininity and youthful beauty is the 'ideal' that is derived from the culture of hegemonic masculinity. Nahid's friend actively attempted to modify her body according to the ideal that she perceived from the gendered structure. Nahid also explained that her husband encouraged her to use "*different expensive creams*" and since she "*did not like to use them*", accused her of "*not taking care of herself*".

Here, the reaction to age-related changes in the appearance and shape of women's bodies, results in cultural denigration, which is embedded in moral symbolic meanings by employing a definition such as being "*careless about their bodies*". The socio-cultural structure of society accuses women who do not accept the dominant definition of beauty, as being "*careless about their bodies*" and stigmatises them as "*negligent*". Bitā told how her sisters and friends encouraged her to "*take care of herself more*":

*"Bitā: They always tell me that when a woman becomes menopausal she must take care of herself more....*

*Elham: What does 'take care' mean in their idea?*

*Bitā: You know, they mean using these anti-ageing creams and being careful about their diet, and doing Botox regularly, but I don't do these things, so they say you are negligent about yourself."*

Bitā is blamed for not “*taking care of*” herself, since she did not accept the dominant definition of beauty and femininity. Women perceive the meaning of femininity and beauty from the socio-cultural structure, which also formulates morality in order to support its hegemony. In cases where women’s attitude conflicts with the cultural structure, they are blamed for failure in ‘taking care of’ themselves and consequently this creates a profound feeling of shame. Tahereh expressed her feeling of shame:

*“Whenever, for a long time, I don’t take care of myself properly, and then gain weight, I reject all the party invitations because I feel ashamed, till I return to my previous weight. It happens to me a lot these days.”*

Tahereh thought she was a failure for not “*taking care of herself properly*”, and therefore, she felt ashamed. She understood the meaning of “taking care of herself” from the socio-cultural structure, and hiding her body was her reflexive body technique, to avoid being stigmatised.

To summarize, in this section, by focusing on the lived experiences of menopausal women, I discussed the interaction between the menopausal body, gender order, socio-cultural structure of society and women’s agency through their meaning-making and their reflexive body technique (for example, excluding their body from social communication by hiding themselves). In the socio-cultural structure dominated by hegemonic masculinity, with its double standards for the definition of femininity and masculinity that emphasises youthfulness and ‘attractiveness’ for women, menopausal women are driven to seek out and undergo cosmetic surgery. Their agency is revealed firstly by their interpretation of the socio-cultural meanings of their society and secondly by ‘enhancing’ or transforming their

bodies according to the 'standards' which have been defined by these structures. By undergoing cosmetic surgery women attempt to transform their bodies by minimising their ageing signs so as not to lose their social currency in the socio-cultural context that places great value on youthfulness. Finally, the group of women with bodies that did not conform to these defined 'standards', excluded their bodies from social communication by hiding them so as to avoid being stigmatised as 'careless'.

Since these women live in a particular historical period and cultural structure they have limited capacity for agency and taking decisions (Twigg, 2004). Thus it is not a case of having a free choice, but instead the women have a choice between certain possibilities and constraints. Therefore, women's bodies are sites of ongoing interactions between the socio-cultural structure and their agency.

### **7.5 Sexual Experiences**

In this section, I address the women's experiences of their sexual lives during menopausal time in order to understand how menopausal women understand and experience their sexual activity within their socio-cultural context and how they negotiate their agency with the hegemony of gendered structure and medical discourse. Thus, the interaction between menopausal women's bodies, their sexual experiences, their agency, gendered structure and medical discourse will be discussed in this section. Here, I aim to bridge the other sections of this chapter (disclosure of diagnosis, understanding of menopause and body image) and women's sexual experiences in their previous life stages (childhood and womanhood) in order to explore the relationship between the women's understanding of their menopause and the



different sexual messages they received in the previous stages of their life (womanhood and childhood) with their sexual experiences during their menopausal period. In this way I can examine how women can negotiate complex messages which they receive from their ageing and gendered bodies.

The section is divided in to two parts. Firstly, I analyse the power of gendered socio-cultural structure on the sexual experiences of menopausal women, and the way that women practise their agency in negotiating this power. In this part, I explain three strategies that have emerged from women's narrations, and how they are actively practised in their menopausal period, in order to show their agency in their sexual relationships. These three strategies are: i) suppressing sexual desire, ii) employing their menopause as an excuse for rejecting unwanted sex and iii) faking sexual satisfaction. In the second part, I explore medical power and its influence on the sexual experiences of menopausal women.

As mentioned in Chapter 6, women's sole definition of "real" sex, was penetrative and phallocentric sex, based on their understanding of the socio-cultural definition of sex. All of the women in this research explained that their sexual activity and sexual desire had decreased during their menopausal time, and also that they experienced difficulty with orgasm, or could not achieve orgasm easily, or at all. Yet, similar to their womanhood experiences (Chapter 6) they felt immense pressure to be sexually active. All of the women who participated in this research felt an obligation to attend to their husband's sexual needs, which meant being involved in the practice of

penetrative and phallocentric sex in spite of it sometimes being painful for them.

They also subscribed to the double standards for masculine sex and feminine sex according to the meaning that they perceived from the socio-cultural structure. Men's sexual need is understood to be a natural urge. For example, Nahid stated that she thought: *"sex is something that women do not like, but it is an urge for a man that has to be fulfilled"*. Similarly, when I asked Fatemeh who is 53 years old, and a widow for four years (the only widow among the participants) if she would like to get married again, she mentioned a Farsi proverb: *"برای زن نجیب یک شب شوهرداری بس است"* which means, *if a woman has chastity, it is enough for her to have a husband for just one night, and it is not suitable for a widow, especially with children, to get married again*.

For these women, their sexual activity, as mentioned above, has been shaped by the meaning that they perceived from gendered cultural structure and its symbolisms. However, the women themselves believed in different characteristics for sex according to the person's gender. For example, Masomeh said:

*"Women are not like men, and don't desire these things. I never have any desire for it. This is a thing that men want, so we have to do this for them; otherwise they will leave home and find it outside of home"*

Sanaz, Samin and Nafiseh, along with Masomeh and Nahid, did not have any desire for sex, but engaged in sex, as Nafiseh believed, so as not to *"lose their husbands"*. Sanaz adds:

*"I don't have any desire, but I have to let him do it, otherwise he will find another way to meet his needs. So, during that time, I close my eyes and try to think about good things".*

These women believed sex is one aspect of their gender role. They perceived from the cultural structure that sex is an obligatory task in their married lives. Their agency is revealed in three ways: firstly, by their understanding and interpretation of the meaning that they perceived from the socio-cultural structure; secondly, by their acceptance of double standards for masculine sex and feminine sex which demonstrates that power is operated through cultural consent rather than force, and that the women themselves, accepted these gender roles. As mentioned before, their reasons might be that they did not have any desire to change their lives, *"lose their husbands"*, or they did not want to be stigmatised.

Finally, as pointed out in Chapter 6, their bodies are in an interaction between the gender order and their agency. As a part of reflexive body technique, these women's sexual desires were suppressed as they intellectually they rejected notions of themselves as sexual beings. In other words, they negotiated and mediated their power by suppressing their sexual desire, which was their strategy against the gendered structures.

By using their menopause to discuss their dissatisfaction with their sexual relationships, same women practised the second strategy (acceptance of and cultural consent to double standards) that I consider as their agency. Other women such as Anis, Pooran, Farnaz, Razieh, Zeinab, Molood, Rahimeh and Shokooh employed their menopause as a reason to start a conversation with their husbands about sex, and their attitude towards it. They conveyed that their menopause allowed them to negotiate their sexual

desires. Rahimeh, 56 years old, blamed herself for destroying her husband's self-esteem, after talking with him about her sexual needs, which had not been fulfilled:

*“Rahimeh: It was around 6 or 7 years ago, when I suddenly decided, for the first time to tell him that I was not happy with these things [instead of using the word sex]. I mean, I wanted to tell him he could do it in a better way. Before, I never talked about these things because from the time I started the menopause, it got very difficult and painful for me to do it. Before, it was also difficult, but now it's worse. I wanted to tell him to be gentler and give me more time, but he became very upset, and from that day he started to fail in his career and, finally, it ended in bankruptcy. I always feel his bankruptcy was my fault. What I told him ruined his self-esteem. You know, these things are very important for men.....*

*Elham: What about women?*

*Rahimeh: No, for women it isn't an important matter, especially at my age...”*

As mentioned in Chapter 6, Rahimeh perceived that her responsibility as 'a good wife' was fulfilling her husband's sexual desire. She understood that even talking about her desirable sex might cause complex problems for her husband. So, she felt guilty for having her only sexual conversation with her husband which happened after her menopause.

Nonetheless, since her statement about her unsatisfied sexual feeling led to a sense of responsibility for ruining her husband's self-esteem and his bankruptcy, it might be interpreted that, for her husband, the cultural meaning of masculinity is being able to sexually evoke and satisfy his wife. Accordingly, finding out about his inability is related to a failure of his masculinity, which could be a threat to his masculine identity. This shows how the hegemonic masculinity of society, together with cultural consent towards it, categorises the gender roles and creates double standards for feminine and masculine sexuality. The sexual relationship between Rahimeh

and her husband had been shaped by a dynamic process through power negotiation based on the gender order, in which power is an important element (Connell & Messerschmidt, 2005).

By drawing on Rahimeh's narration, it can be demonstrated that her power to negotiate her sexual experiences with her husband had been boosted by her new identity as a menopausal woman. She explained that before starting menopause, she had problems in her sexual relationship, but she did not talk about it. Her menopause was the trigger for starting the sexual conversation between her and her husband as she could employ it as an excuse to speak out regarding her lack of sexual satisfaction. She applied her menopausal identity to show her agency in her sexual experiences. Therefore, her sexual experience in menopausal time is shaped by a dynamic process through power negotiation based on the gender order between her and her husband regarding bodily contexts. Although Rahimeh blamed herself for raising the subject with her husband, her sexual conversation revealed her agency.

Pooran, 48 years old, narrated that during her menopausal time, sex was "torture" for her:

*"Pooran: When I started the menopause, I said to myself: Oh, I have got old, and I am an old woman now. I should not do this, as it is not suitable for my age. It's not right to have a sexual relationship when I'm at this age. But I can remember that my husband told me that if he lost all of his hair, and became bald, and lost all of his teeth and couldn't even hear anything, he would still do this (Laughing).*

*Elham: Have you ever talked about it with him?*

*Pooran: Nowadays, yes. I sometimes, I tell him that it's not right for my age, but mmmm you see, before this happened, I didn't talk to him about sex."*

Pooran's narration can be interpreted in two ways. On the one hand, along with the physiological changes in menopause, she understood, from the

socio-cultural structure of her society, that sexual activity is not suitable according to age categorisations of sexual activity. And so as not to be stigmatised, she decided to have less sexual desire. Having less sexual desire was the reflexive action of her body and mind to the interaction between her agency and gendered structures.

Nevertheless, she pointed out that she gained the power to speak out about her sexual desire and desirable sex during her menopausal time, which she had not done before her menopausal stage. Thus, it reveals that her agency for negotiating power in the context of sexuality had been enhanced by her menopause.

On the other hand, as mentioned previously, women understand from socio-cultural structure that serving men's sexual needs is a criterion for being a proper wife (Chapter 6). Meanwhile, when they become menopausal, they take advantage of it to reject their feminine tasks which are based on the gender order. Women consciously accept the taboo for having a sexual relationship during their menopausal time due to now being 'old', in order to challenge the hegemony of socio-cultural structure. For example, Pooran decided to have less sexual desire in order to make her husband cease to request a sexual relationship.

This example shows the importance of hearing women's voices enabling the researcher to understand the subjects' lived experiences. It is pivotal to heed the diversity of different cultures, in which women actively practise their agency by applying their fruitful strategies. Therefore, when producing knowledge, considering its cultural context, it is important to discover, in

particular, the agency of the actors (Connell, 2007). It would be helpful to specifically use the lens of Southern Theory when discussing the Iranian women's menopausal agency in their sexuality. For example, similar to Pooran, Zeinab stated that her lack of sexual desire during her menopausal time was "*not in her hands*".

*"From the time when I started the menopause, I can say no to my husband, (Smiling) and he's going to get less upset over it, because it's not in my hands, it's because of my menopause"*

Zeinab's statement, illustrated her agency profoundly. She considered her menopause as an event with an uncontrollable effect on her sexual relationship. Yet, this uncontrollable effect, from Zeinab's point of view, was not a negative one but rather a desirable event, since she smiled during her narration. By using menopause as an excuse, Zeinab achieved the power to negotiate her sexual relations with her husband, which provided her with an excuse to reject unwanted sex. Before her menopausal time, she did not have this power, and so it would not have been acceptable for her to reject her husband's sexual desires, but menopause also made it agreeable for her husband. Therefore, it can be concluded that menopause improved her agency in her sexual relationship, and gave her the right to reject unwanted sex. Molood, aged 62 had a similar view regarding sexual relations in old age.

*"Yes, it's shameful in this age, but (with a smile) men want it. Whenever he asks me I remind him that it's a shame for our age, we have grown up children at home, it's a shame to do it. He nags, but I think now, after my menopause, it's probably acceptable for him, and I feel more comfortable...."*

This is an important point in Molood's narration that she addressed her age and her husband's age simultaneously to refuse unwanted sex. Although she

believed in double standards for male sex and female sex, when she said “*men want it*”, she emphasised that sex is a shame for both men and women in their old age. Her argument has twofold aspects.

Firstly, she perceived the meaning of stigma associated with sexual relationships in old age, from the socio-cultural structure of the society, which shows the power of structures in imposing their meanings on the sexual lives of the women, and the way that they have an influence on shaping the sexual experiences of menopausal women. Moreover, she understood the cultural denigration and the meaning of exclusion regarding sex in old age, which is embedded in the moral symbolic meanings, and conveys a sense of shame. Secondly, this example demonstrates the way that a woman may use her age to negotiate the power balance between herself and her husband in the context of sexuality. She took advantage of her age to show her agency and to reject unwanted sex. Therefore, in spite of accepting the meaning of shame for sex in old age from the socio-cultural structure of the society, she displayed her agency by employing this meaning.

The third group of women in this study (Maryam, Eftekhar, Zohreh, Reihaneh and Mahdiah) employed another strategy to negotiate power in their sexual relationship with their husbands, faking their satisfaction or pretending to have sexual desire. Maryam, aged 50, believed that she had less sexual desire since she became menopausal, but she pretended to have the same desire so as not to lose her husband:

*“Elham: How about your sexual desire? Has it changed since the beginning of your menopause?”*

*Maryam: Definitely, it decreases obviously as time goes by. Yes, it is less than before, but not his sexual desires. I asked my sister-in-law*



*(the wife of my brother in-law), who is in her menopause too, how her sexual relationship is? She answered that they didn't have any sexual relationship anymore. But, you know, I pretend that nothing has changed for me. Even if I don't feel satisfaction, I fake it and pretend that I enjoy it. I don't want to lose my husband."*

Zohreh, also faked her sexual desires as she decided she would not reveal her "shortcomings" to her husband. Eftekhar also mentioned that she pretended, for her husband's sake, that after her menopause, "she had the same desire" and added that she "tried hard to be attractive for her husband". Similarly, Reihaneh narrated:

*"At first I had a very low desire, but now it's less than that. But I never let him know it. If he knows it, he will use it against me. I like the hugging and these things, but not the other part. But, you know, I'm his wife and it's my responsibility to do it, so I've learnt to play along. You know, I'm a good actress (laughing)."*

Reihaneh's account suggests that women actively produce a sexual performance (Jackson & Scott, 2007), worried about losing their husbands, and indicating a relationship that is not just based on love as explained in Chapter 6. Yet, these women are capable of modifying their bodily and sexual desires according to different statuses over time, by responding to their husband's desires, while performing the sexual practice and pretending to have sexual desire themselves. Their agency is revealed through their reflexive body technique, faking sexual desire and performing the sexual practice in order "to keep their marriage safe" as Mahdieh mentioned:

*"I like the times that he sat near me and holding my hands or hugging me, you know, I think for most of the women the sex act is not important. They enjoy being supported by their husbands and their affection. But I have to pretend to have the same desire for the other one as well, as I want to keep my marriage safe."*

Although power through the socio-cultural structure of the society describes the territory of these women's reflexive body techniques (Crossley, 2006)

which engages women's bodies, minds and desires, the women themselves actively chose the faking strategy to defuse the structural barriers. In other words, the women's choices are not absolute, or a sign of their freedom, but they are in the context of their possibilities and constraints which have been defined by a gendered socio-cultural structure.

#### *7.5.1 The Impact of Medical Discourse*

Medical discourse, along with the gendered structure, is the other power that has a significant effect on menopausal women's sexual lives, by introducing 'natural' sex. As stated in the "disclosure of diagnosis" section in this chapter, menopause is regarded as an illness by the medical practitioners. Therefore, all the aspects of the menopausal women's everyday lives, such as their sexuality, are considered to be a 'problem' which needs to be 'resolved' by medical experts.

In this study, all the women who had the experience of a gynaecologist's services during their menopausal time explained that it had been suggested to them that they use some medication such as oestrogen cream, lubricant gel and even hormonal replacement therapy, to improve their sexual experiences. Some of the women who participated in this study were encouraged by a gynaecologist to undergo perineorrhaphy/perineoplasty cosmetic surgery, in order to enhance their sexual experiences or to prevent the 'problems'. These types of cosmetic surgery involve the reconstruction of the vaginal muscles, where the gynaecologist tightens the vaginal canal. These recommendations by medical experts demonstrate, firstly, that the socio-cultural structure to which the medics respond ignore sexual variation, and regard vaginal intercourse as a sexual activity simply as phallogentric

sex.<sup>36</sup> Secondly, by defining a 'standard' for sexual functionality, medical power profoundly affects menopausal women's sexual experiences (Marshall & Katz, 2002; Katz & Marshall, 2003). Thirdly, they shape a set of expectations for the type and quality of the menopausal women's sexual activity, by presenting a 'standard' criterion, and then providing their interventions to reach these 'standards'. Finally, the use of perineoplasty, or prescribing oestrogen cream, lubricant gel and hormonal replacement therapy, indicates that this 'standard' is based on a youthfulness ideal which recommends changing the body so as to have tight vagina like young people and imposes on women desire to rejuvenate their sexual organs in order to have 'ideal' sex. For example, when I asked Farideh, who is 57 years old, about her sexual activity after her menopause, she said:

*"After my menopause, it became painful. The gynaecologist told me it's because of menopause and I have to use some gels or hormonal creams or start hormonal therapy. I did hormonal therapy for a while, but now just use those gels and creams."*

Eftekhar, Zahra, Razieh, Hoda, Habibeh and Mansoreh stated that a gynaecologist recommended that they should undergo perineoplasty surgery. Habibeh, 69 years old, is the only woman who had the surgery, she states:

*"Habibeh: It was for a while, that my husband repeatedly told me he was not satisfied, I mean, pardons me, he said it had been very loose. I went and see a gynaecologist. She told me it usually happened after menopause and especially after normal delivery; you know I had three normal deliveries, so I think it was normal that it happened to me. She told me the only solution was undergoing surgery to tighten it, and she said after doing the surgery it would be like the time I was young (smiling) and it would help my husband's satisfaction. It wasn't a very difficult surgery, so I did it. But to tell the truth, now it's more painful for me."*

---

<sup>36</sup> All of the Gynaecologists are female after the Islamic revolution.

*Elham: What about your husband? Is he satisfied now?*

*Habibeh: (Thinking) Uhum, I don't know really, he still nags sometimes. You know, maybe because I don't like it. I like the cuddling and touching of it, but I have the fear of losing my husband if I don't do it".*

Habibeh's interview firstly addresses cultural structure which emphasises that penetrative and phallocentric sex are an obligation in the marriage, since it maintains men's sexual needs as a natural urge which is fulfilled by their wives. This belief has also shaped the medical discourse. The gynaecologist did not give any advice to Habibeh in order to guide her towards having better sexual experiences. She recommended that Habibeh should undergo perineoplasty for the purpose of her husband's satisfaction. Secondly, Habibeh's narration points out that the sexual activity of menopausal women has been defined as being based on the youthfulness ideal. However, women's bodies are not docile; they show their reflexive agency through the reflexive body technique. Participants in this study understood the meaning of a good wife as a woman who fulfils her husband's sexual needs. They also wanted to be attractive for their husbands, so as not to "lose" them. Thus, the self that they desire to be, is a 'good woman' based on the meaning that they perceive from gendered socio-cultural structure. They chose to modify their bodies by employing particular reflexive body techniques which, in these examples, meant using oestrogen cream, lubricant gel, hormonal replacement therapy and, in extreme cases, a perineoplasty operation, in order to gain their desirable self and not to be stigmatised (Crossley, 2007). These examples display the medicalization and embodiment of menopausal women's sexual experiences through the

process of interaction between the medical discourse, gender order, cultural symbolism and reflexive body techniques, which reveal agency.

To summarize, this section has explored the interaction between power, cathexis and cultural structures and symbolism, which are important elements of the gender order from Connell's (2015) perspective. Power is imposed over women through cultural structure, which defines what 'normal' sex is for both women and men, and is reinforced by medical discourse. The hegemonic socio-cultural structure privileges men's sexual needs over their wives'. Women perceive these meanings through the cultural structures and interpret them, thereby displaying their agency. Moreover, through practising reflexive body techniques, such as "suppressing their sexual desires", "employing menopause as an excuse for not participating in sexual activity", "faking it", using oestrogen cream, lubricant gel, hormonal replacement therapy or having perineoplasty, women reveal their agency and modify their bodies in order to gain their desirable self, based on the definitions they have understood from gendered structures.

### **7.6 Loss Narratives and Menopausal Identity**

In this section, I explore menopausal women's loss narratives. "Loss narratives" refer to women's stories about losing something as a consequence of the gender order and the socio-cultural structure, consequently using their reflexive body techniques as their response to this situation. These loss narratives materialized when women who participated in this study, re-evaluated their lives. The biographical approach used in this research has created a space for the participants to give voice to their own life stories, and an opportunity to re-evaluate their past lives. This section

reflects the strong emotions experienced by participants who became distressed, resulting in crying or welling up as they told their stories. By analysing these loss narratives, it becomes possible to arrive at an understanding of how the loss narratives have been shaped and, also, how the women recreated themselves in their stories. In addition, it enabled me to realize, and document, how women's bodies became the essential part of their loss narratives in order to disclose the dialectic relationship between menopausal women's body and gender order, and its interconnection with the social practices in their everyday lives. This section identifies the women's bodies as sites through which the interrelation of their sexual identity, agency and gender order take place, and reveals how the women's agency is realized, by practising reflexive body techniques.

Women's loss narratives demonstrate the interaction of the women's sexual identity, with their agency and gender order, which, from Connell's (1987, 2009) point of view, consists of four important elements: power, cathexis, labour and culture in the gender relations. Thus, by scrutinising menopausal women's loss narratives, I can explain the underlying situation and the tensions present in the women's stories, through exploring the Iranian cultural context (Frank, 1995, p.75).

In "The *Wounded Storyteller*", Frank (1995) distinguishes three different types of narratives: "*the restitution narrative*", "*the chaos narrative*" and "*the quest narrative*". He articulates that the "*restitution*" narrative is the narrations of people who hope that the "norms" are restored, despite being out of the "norms' " borders at that time. For example, as mentioned in the body image section (7.4), the socio-cultural structure of society, by

addressing the menopausal bodies as ‘ugly’ (‘out of norm’) encourages women to regain their ‘beauty’ (norm) by using cosmetic products. The stories that these women told about their attempts to change their bodies in order to retrieve their ‘normal’ bodies are restitution narratives.

The second type of narrative is the “*chaos*” narrative. In this type, the storytellers think that “*life is not getting on well*” and narrate their story without coherent sequences, and believe that they have not experienced a “*decent life*”. This kind of narrative is full of emotion, and as Frank (1995) confirms, it delivers anxiety and stress for the researcher. He refers to this type of narrative as “*the wounded storyteller*”. The third important type of narrative from Frank’s point of view is the “*quest*” narrative. In this type, the storytellers accept their illness and seek to use it through the insight that they have gained.

Although Frank’s research is about illness, and mine is about Iranian menopausal women’s sexuality, he employs narrative analysis and, like me, he emphasises that when individuals narrate their own stories, their narratives are framed by the socio-cultural structure and its symbols. Likewise, in my research, symbols are essential in order to map the gender order. Furthermore, for Frank (2012), gathering the individual voices, in order for them to be heard collectively, is the main aim of the life history method, which he calls “*being the witness*”. This is also one of the important aims of this study. Additionally, similar to Frank, I employed narratives to understand the stories of the women’s bodies when they faced a transition or a crisis, which in my research is menopause, from the women’s perspective. Thus, by drawing upon Frank’s different kind of narratives, I explain “the loss

narrative” to understand the impact of the socio-cultural structure of the Iranian society in creating this type of narrative.

My analysis of women’s narratives extends that of Frank by adding the “loss narrative” as a combination of chaos narrative and quest narrative. This was a clear theme which emerged across the women’s narratives, in explaining experiences and perceptions of sexuality and the menopause, from their own points of view. The loss narratives in this study have some similarity to Frank’s chaos narratives. Both explain a life which is “*not getting on well*”, and they are full of emotional feelings. Approximately half the women who participated in this research, offered a loss narrative, and all broke into tears when showing their feeling of being depressed by their bodies while telling their loss narratives. For example, Mahdiah not only was crying, but was also picking at her cuticles during the narration of her loss narrative, in such a way that at the end of the interview, two of her fingers were bleeding. Yet, although the loss narratives are the narrations of suffering, they were told in coherent sequences, contrary to chaos narratives (Frank, 1995). This demonstrates that the women took a stance at a distance from their suffering, and by analysing it, they displayed their reflective understanding of it.

Loss narratives, in common with quest narratives, give women the opportunity to have their own voice in order to tell their stories. In this type of narrative, as with, the quest narrative, at the end of telling their stories, menopausal women gained insight about their suffering through re-evaluating it, as a kind of reflexive analysis of their loss. However, loss narratives are not quest narratives. Unlike the quest narratives, women did



not accept their suffering; rather they achieved their insight through analysing and challenging their suffering.

The distinction between the loss narrative and quest narrative is the way that the storytellers gain their insight. For instance, Zeinab, who is 62 years old, described herself as a selfless woman “*who always sacrificed herself for the family*”:

*“From the time that I was young, I always put my children and my husband in the first place, and I even put my sisters and brothers in the first place as well. I can remember my mum, God bless her, once told me to do something for myself. But I didn’t. All of my life can be summarized in two words: ‘my family’. Thank God, now I have good and successful children. But to tell the truth, I myself felt I had lost my soul (crying) especially after my menopause. Now, these days I’m not in the mood to serve, or do anything, even for my children.”*

Zeinab started her story by talking about being selfless. Participants understood from cultural structures and their symbolism that ‘a good woman’ is a selfless ‘good mother’ and ‘good wife’, so they modified their identity and their body to appear selfless so as not to be stigmatised. However, when they had the chance to re-evaluate their lives, they become aware of the conflict between this definition, which has been described by the gendered socio-cultural structure, and their ‘desirable self’. Their bodies, mind and desires engaged with the power that has been imposed on them through cultural structure and through reflexive body technique they shaped their lack of desire and their sadness, which Zeinab referred to as “*losing her soul*”.

Lack of desire, an element in chaos narratives (Frank’s, 1995) is also disclosed in the loss narratives. Moreover, the women’s agency is revealed by their rejecting the practice of being “a good woman”, and also challenging the gender order. As Zeinab said “*she was not in the mood for serving her*

*children*". By placing emphasis on her menopause, Zeinab indicated that her menopause is a period of transition in her life, which has created a new identity for her, where she questions her gender roles. Questioning and challenging the situation is another element of loss narratives in this study.

Additionally, Zeinab's menopausal identity had been shaped through the process of interaction with the gender order, her agency and her reflexive body technique. Thus, the menopause triggered a new relationship between Zeinab's sexual identity, gender order (power, cathexis, cultural symbolism) and her body, which gave meaning to her sexual life experiences. In addition, it could clearly be inferred that the menopause created a dilemma for Zeinab. On the one hand, she thought that she had "*lost her soul*", indicating her lack of power, and on the other hand, she actively challenged the gender order by refusing to perform her gender role, thereby demonstrating her gaining power by her new menopausal identity.

Zohreh also described how her "*difficult life*" made her "*lose her laughter*":

*"I told my children that it was very difficult for me, because I liked studying (welling up in tears). You know, I always liked to work at the airport. Oh, I liked to be a flight attendant very much. I liked it very (stretched very) much and I advised my children, you see. I told them they had to try to make progress. They always say, "Mum we wish you had studied with us", and I tell them that they didn't let me. .... (She starts crying). You see, the hardships at that time affected my problems now. That's a pity. You see, the difficulties at that time caused me to achieve nothing, and end up nowhere. But thank God, my children are successful. You see, I couldn't achieve what I like, it's as simple as this! You know, with the difficulties they caused for me, and when starting the menopause I forgot how to laugh, I lost my laughter. My very difficult life made my laughs fade."*

Zohreh described the life that she would have liked to have and the reasons that she could not achieve it due to the gendered socio-cultural structure. Her

loss narrative is a kind of mourning for her desirable self and identity. During the narration of her loss narrative, she used the phrase “*you see*” or “*you know*” several times in order to include me in her story. By telling her story for me, and pointing at me many times in her narrative, she acted as if she wanted to make me a witness for her suffering. I consider her practice of making me a witness for her suffering as her active political practice which presents her agency. In this regard, she practised two actions. Firstly, she described her loss narrative, which can be considered as a powerful re-evaluation of her life, and secondly, by speaking up and telling me about her sexual lived experiences, she challenged the hegemony which was imposed on her through the gendered socio-cultural structure.

In the loss narratives, bodies have a powerful symbolic role for presenting suffering. Zohreh not only cried when referring to her suffering, but also expressed that she experienced her menopause as a bodily transition, which made her “*lose her laughter*”. Her menopause was a process which created a new identity for her, as she re-evaluated her life through the interconnection of gendered structures and her agency. Moreover, she explained that she had gained an insight about her life through this process, and passed it on to her children, which is one of the characteristics of quest narratives (Frank’s, 1995). Thus, for Zohreh, menopause was a time for attaining a new insight (like the quest narrative), into her life, by challenging the hegemony of the gender order (contrary to quest narrative), which reveals her agency. In this sense she offers a loss narrative which is a combination of chaos and quest narratives.

Habibeh, Molood, Sanaz and Nafiseh mentioned that they “lost their femininity”<sup>37</sup> due to changes in their appearance after their menopause.

Sanaz narrated:

*“After my menopause I think I lost my femininity. I mean, with these thick hairs on my face, and I think even my voice has changed these days. I feel that I have lost my femininity (she became upset), you know, I feel ashamed of it, and a bit worried, I’m worried that it may become worse.”*

Sanaz perceived the meaning of femininity from the cultural structure. Her identity had been created through her life history, which consists of her past (childhood and womanhood) and her present (menopausal stage). She understood that her feminine identity, via her social practice, has been shaped through the process of interaction among her agency, gender order and medical discourse. As mentioned in earlier sections on the disclosure of the “diagnosis, onset and timing of menopause” and “understanding of menopause”, medical discourse defines oestrogen as the feminine hormone, and menopause as an oestrogen deficiency illness. Consequently, women interpret their menopause as a lack of femininity.

In addition, gendered practices of femininity and masculinity are experienced profoundly through women’s bodies. For example, Sanaz perceived the meaning of ‘losing femininity’, from having thick hairs on her face and the hoarseness of her voice. This shows that the gendered social process and women’s bodies as enmeshed. Although vocal cords and face are not sexual organs, they can have the symbolic meaning of femininity and masculinity due to the cultural structure. Therefore, women’s bodies act as a site where

---

<sup>37</sup> ‘Loss of femininity’ does not mean ‘masculinity’ as it does not deliver the same power relation.

social femininity is negotiated, defined and practised, through the specific meanings that have been proscribed for feminine bodies and masculine bodies, by the gendered socio-cultural structure. This made Sanaz feel ashamed about her “*losing her femininity*”. It also displays the cultural politics of shame, which has created Sanaz’s loss narrative. Moreover, it can be understood that power is imposed through cultural consent, illustrating the pattern of hegemonic masculinity.

In line with Habibeh, Molood, Sanaz and Nafiseh, Fatemeh, Hoda, Mansoreh and Samin also narrated their loss of femininity after their menopause. However, they focused on the crises of the “*empty nest*” (Harkins, 1978), which refers to the period of life when women’s children have grown up and left home. Thus, they highlighted gender roles rather than gendered bodies. Samin said:

*“Usually, when I think about my menopause, it reminds me of my loneliness (wells up) especially after the marriage of my children. I am happy for them, I think they have a good life, but I think about it a lot. Sometimes, I think for me, it’s as if I lost my femininity and I’m getting closer to death (welling up). All of my life was always for my children, and taking care of them, and now I feel the home is empty without them. Sometimes, I don’t even like to cook food for my husband and myself, I mean it becomes very difficult for me to do domestic labour as I think my body doesn’t have energy for these things anymore. Before, I made different kinds of pickles and jams every year, but now, I’m not in the mood to even cook dinner. ”*

Samin connected her loss of femininity to her children’s leaving home. As stated in the “Childhood Chapter” (Chapter 5) and “Womanhood Chapter” (Chapter 6), the gender order and gender role are constructed through the institution of family and marriage. Women understand the meaning of their femininity through the culture and its institutions which reflect the hegemony (Connell & Messerschmidt, 2005). For Samin, the meaning of femininity was

being a mother and taking care of her children. Her gender and sexual identity had been shaped via the process of interaction between gender order, institutions such as family and marriage, her agency and social embodiment. This sexual identity had been developed through her sexual lived experiences, and significant events, described in detail, in previous chapters, in her childhood and womanhood. Samin also conceived her gendered roles via the gendered socio-cultural structure. Consequently, when her children became independent, she was confronted with a femininity identity crisis, which she referred to as the “*loss of her femininity*”.

Samin’s social embodiment, which was caused by the interaction between the gendered socio-cultural society and her body and mind, through the process of perceiving the meaning of the ascribed gender role, and acting on it, motivated her sadness in her menopausal time (Connell & Pearse, 2015, p.48). Yet, Samin’s active agency is revealed by her refusal to undertake her gender role as a ‘good housewife’, by employing her menopause and her depression as an excuse. She mentioned that she did not have any desire to cook for her husband. Since, housework is allocated based on the gender order, her rejection of cooking displayed her active agency against the gender order.

The other group of women Eftekhar, Mahdieh, Anis, Razieh and Rahimeh talked about “losing the time”. Rahimeh used a proverb in Farsi “*I poured my flour and now I hang up my sieve*” (*Ardam ro rikhteham va alakam ro avikhteam* آردم رو ریختم و الکم را آویختم) which means *she did what she could, and now the time has finished for her*. Although Rahimeh is 56 years old, she thinks that her life-time is over for her. This demonstrates that women

perceived the symbolic meaning of menopause as being old and a transition to the final stage of life from the socio-cultural structure of the society. Menopause is a bodily event whose meaning is perceived by women through the interpretation of the cultural structures. Hence, they narrate their time loss narratives in connection with their menopause. Rahimeh's perception of the menopause has been influenced by her interpretation of the cultural structure and the result has shaped her narrative of loss. Anis also referred to me:

*"I would have liked to study more, but I couldn't, as I got married when I was 19 and then a year later, I became pregnant and then I had my two children. I told myself when the children grew up I would continue my studies, but my mind is so busy now, that I forget everything very easily. I think my menopause has made it worse. You won't believe me, but yesterday I wanted to wash my husband's clothes, but suddenly I forgot what I wanted to do. I told my husband it's because of this menopause. Now with this situation I can't study, it's too late. I waited, hoping that the situation would get better, but unfortunately, now it's too late. I have lost the time, and now it is too late."*

She felt that certain factors, such as getting married early, and her gender role as a mother and wife had not allowed her to continue her studies. As explained in Chapter 6 marriage is an important institution in creating the gender roles for Iranian menopausal women and also, as was discussed above, gender roles and education are interrelated.

Power, cultural structure and symbolism, as well as gendered division of labour, are important elements of the gender order (Connell, 2002). Power is imposed through the gender roles, which are defined by the socio-cultural structure of society, and made Anis perceive her responsibility as 'a good mother' and 'a good wife' that led to her not pursuing her education. Anis married early, and this seems to be the reason why she mentioned "*taking*

*care of children*” and “*domestic labour*” as a barrier to continuing her studies. Her story displays the connection between her previous life experiences in childhood and womanhood, and her identity as a menopausal woman. It also highlights the influence of the gender order in forming her loss narrative. She referred to her suffering (chaos narrative) by explaining loss of time to gain her desirable self.

However, her body responded to the gendered structures by experiencing depression and amnesia about her gender role (challenging her suffering). Anis’s body interacted with gender order, and thus she actively chose to not respond to her gender role, and used her menopause as an excuse. The key to understanding Anis’s body is her mind and, more specifically, the notion of her lived experiences in her previous stages of life (childhood and womanhood) which suggests that she interpreted them, and thereby created her menopausal body’s responses in meaningful ways (Nettleton, 2006). This reveals Anis’s reflexive body technique, which is her active agency. In other words, Anis’s body acted as a site through which the interrelation of her sexual identity, agency and gender order took place, and revealed her agency through practising reflexive body techniques.

To summarize, women who participated in this research believed that their state of menopause was a transition in their life history which had a remarkable influence on their lived experiences, their gender and sexual identity. To explore how participants described and interpreted their experiences, I applied loss narratives, based on Frank’s (1995) narrative typology. My loss narrative is a combination of Frank’s chaos and quest narratives. The loss narrative is similar to the chaos narrative, as it depicts a



life which is “*not getting on well*”, and both of them explain a suffering from the storyteller’s point of view. These kinds of narratives are full of emotional feelings, and lack of desire is one important element. Yet, in loss narratives, unlike the chaos narratives, there is a coherent sequence in telling the stories. This indicates that the women prescribed their loss narratives, by taking a position at a distance from their suffering, and by re-evaluating their life history. The women’s reflective understandings of their suffering reveal their active agency. Therefore, being a conscious story-teller is a significant element of these loss narratives.

On the other hand, the loss narrative, like the manifesto quest narrative (Frank, 1995), describes how the transition from womanhood to the menopausal time motivates a social action or change, through the insight that has been gained. The loss narrative, similar to the quest narrative, provides an opportunity for women to tell their own stories. Thus, both of the loss narrative and quest narrative describe how a storyteller achieves an insight through her suffering. However, in the loss narrative, unlike the quest narrative, this insight is built up through challenging the suffering and not by accepting it. This notion highlights the women’s agency in the process of conveying their loss narratives which represents a significant distinction from both chaos and quest narratives.

Additionally, a menopausal woman’s body has an essential role in loss narratives. Firstly, women told their loss narratives in relation to their menopause which is a bodily transition, and secondly their loss narratives showed that their bodies were not only physically, but also emotionally and socially involved in the process of shaping their sexual identity. Thus,

women's loss narratives were created through power negotiation and mediation, among their agency, gender order, medical discourse and institutions, such as marriage and family and bridging their experiences of childhood and womanhood. By telling their loss narratives, women who participated in this study revealed their agency through challenging the structures which had caused their suffering. The following table compares the different elements in the loss, chaos and quest narratives.

Peculiarity	Loss Narratives	Chaos Narratives	Quest Narratives
Describing a suffering	Yes	Yes	Yes
Lack of desire	Yes	Yes	No
Full of emotional feeling	Yes	Yes	No
Telling in coherent sequences	Yes	No	Yes
Gain insight	Yes	No	Yes
Accepting the situation	No	Yes	Yes
Challenging the situation	Yes	No	No
Conscious storyteller	Yes	No	No

**Table 3: Comparing different narratives**

## **Conclusion**

In the previous chapters (5 and 6), I discussed how women's bodies actively responded to the gender order, through negotiating power in childhood and womanhood stages of their life. In this chapter, by bridging the women's experiences in their childhood and womanhood, I have focused on their experiences in menopausal stage, and their understanding about their menopause, as well as their sexuality.

I explored women's understanding of their menopause which had been profoundly affected by medical discourse. Medical discourse frames the menopause as hormonal failure and deficiency, and thus as a purely biological issue. Secondly, by framing the menopause within a certain chronological age and time, medical knowledge acts as a powerful institution that structures women's understandings and experiences with regard to menopause. By defining the 'proper' age for the onset of menopause, the medical authority identifies the time when it first takes place, as either 'too early' or 'too late' for starting the menopause and, in this way, justifies its interventions in menopausal women's bodies.

In addition, I have also explained that religious discourse also conceptualises a menopausal woman according to her biological age. Thus, a specific definition of the 'correct' age for women to begin the menopause is determined through medical and religious discourse which sets the terms by which the menopause is to be understood and formulated morally. Yet women themselves interpret the meaning that they perceive from structures (medical and religious) and choose between the possibilities. Some of the women who participated in this study refused to accept the medical

discourse definition for their menopause, by rejecting hormonal therapy and saying that they “*want it natural*”. This reveals their agency.

However, medicalization of menopause has double aspects. Some of the women considered their menopausal signs such as menorrhagia, irregular menstruation and hot flashes as not having control over their bodies. Therefore, by responding to the medical discourse, they believed that they would regain their control over their bodies—able to exert a form of agency.

Women’s perceptions of their menopause have been shaped by their interaction between the cultural structure and symbolism, medical discourse, their interpretation of these meanings and their previous experiences in their childhood and womanhood. This also creates women’s perceptions of their bodies and transforms their bodies as an environment of profound consumer culture. Women understand from the gendered socio-cultural structure of the society, that it is usual to ‘feel bad’ about their ageing signs, especially if menopause starts early. Thus, some actively try to hide all of these signs, by undergoing cosmetic surgery. This indicates that women’s bodies are seen as problematic when entering into one of their sexual life stages (menopause), which shows the significant influence of power, as an element of gender order (Connell, 1987).

The women’s agency is revealed, firstly, by their interpretations of the meanings which shape their identities, based on their understandings of these meanings; secondly, by hiding their ageing signs so as not to lose their social currency, and thirdly, for those women who do not accept the dominant definition for beauty and femininity, by, purposefully hiding their

views from others, so as not be accused of being “careless and negligent about their bodies”.

In the sexual experiences of menopausal women I explained that, according to women’s understanding of their menopause, and the different sexual messages which they received in the previous stages of their life (childhood and womanhood), they actively practised three strategies: i) suppressing their sexual desire, ii) employing their menopause as an excuse for rejecting unwanted sex, and iii) faking sexual satisfaction. Their strategies display the interaction of power, cathexis, cultural symbolism, and agency.

In the loss narratives and menopausal identity section, I applied loss narratives based on Frank’s (1995) narrative typology, in order to explore the ways that participants interpreted their menopausal experiences and the processes which has shaped their menopausal identities. I refer to loss narratives in the women’s stories as the notion of losing something as a consequence of gender order and socio-cultural structure, and their reflexive body techniques. It became clear that loss narratives, similar to Frank’s quest narratives, are told in coherent sequences and offer an insight which has been gained through suffering. Yet, the distinction between my loss narrative and both chaos and quest narratives is that in loss narratives, women are conscious storytellers. Thus, Iranian Muslim menopausal women who participated in this study, by sharing their loss narratives, revealed their agency.

Women’s menopausal identities were created through power negotiation and mediation between their agency, gender order, medical discourse and

institutions, such as marriage and family, which also framed their loss narratives .Their agency, was revealed by challenging their gender roles. Finally, I discussed how women's bodies played a crucial role in the loss narratives. In this regard, firstly, women explained their loss narratives in relation to their menopause as a bodily transition and secondly, their narrations disclosed that their bodies were socially involved in the process of shaping their menopausal identity through practising reflexive body techniques.

## **8. Conclusions**

## 8.1 Introduction

This study has addressed a significant gap in the sociological literature with regard to understanding the sexuality of Iranian Muslim menopausal women from a biographical/life course perspective. In this chapter, I draw together the main points of my analysis and my empirical, theoretical and methodological contributions to this literature. I then describe the main strengths and limitations of the project. Finally, I suggest some recommendations for future research.

## 8.2 Summary of Findings

The questions addressed by this research were:

- How do different structural discourses (social, cultural, religious) shape menopausal women's sexual lives?
- What is the relationship between ageing, sexuality, the body/embodiment and gender in the way that Iranian Muslim menopausal women experience significant events related to their sexual being across the life course?
- How do Iranian Muslim menopausal women as individual bodily agents engage with and respond to the gender order?

This thesis developed a theoretical and conceptual framework for understanding women's biographies by utilising Connell's concept of the *gender order* (1987, 2009), Crossley's concept of *reflexive body technique* (2001, 2007) and a biographical life course perspective (O'Neill, Roberts & Sparkes, 2015; Frank, 1995). Methodologically, the thesis employed a



biographical life course approach to explore the sexual life narratives of Iranian Muslim menopausal women in order to understand the relationship between different facets of their identity (ageing, gender, sexuality and embodiment) specifically from their perspectives.

This section now summarises the main findings of the research in relation to the research questions. I argue that, based on the narratives represented in three chapters (5, 6 and 7), I have demonstrated that menopausal women's sexual lives are shaped by bodily practices and through the interaction between their agency, their reflexive embodiment, and the gender order (including the linguistic and conceptual tools it affords individuals for 'making sense' of their sexuality) at different stages of their lives.

### *8.2.1 Childhood*

My opening data chapter (Chapter 5) examined the earliest years of the participants' sexual biographies by focusing on their narratives of childhood. The themes that emerged in the context of these narratives presented women's experiences of gender and sexuality as resulting from the links between the gender order of Iranian society (as experienced during childhood, and in terms of power, production and gendered accumulation, symbolism and culture, and cathexis and emotional relations; (Connell 1987, 2009) and participants' reflexive embodiment (Crossley, 2006, 2007).

Throughout this chapter, I demonstrated how socio-cultural structures shape women's childhood experiences of gender and sexuality – while all the time highlighting the importance of appreciating agency in this context. For example, in respect of the theme of 'gender discovery', I argued that women

first identified their gender and bodies in their childhood, through elements derived from their understanding of the gender order. This, however, involved an imposition upon them of power. Here, power, as an element of the gender order, imposed itself through such means as language. For instance, it was clear that notion of ‘take care of/ pay special attention to girls’ placed greater restrictions on them during childhood than their male siblings, because of being regarded as under the guardianship of men. Here, not only are girls the responsibility of men, but indeed they are symbolic bearers of men’s honour – with expectations to be ‘good’ and ‘virtuous’.

Chapter 5 demonstrates how participants were socialised into feeling shame and describing as sinful their sexual organs and sexual desires; this is despite the fact that some also articulated feeling joy and desire, suggestive of an additional level of agency. Women, as active learners, picked up gendered meanings from the cultural symbols of the gender order; the meanings that they perceived in socio-cultural structures interacted with their bodies and minds in a process of reflexive embodiment (Crossley, 2005). Yet the fact that they also applied negative religious terms - such as ‘sin’ and ‘hell’ - to describe these early sexual desires suggested complex tensions at the level of sexual identity, and underlines the significant role of cultural structures (religion) in shaping women’s emotions around sexuality during their childhood.

Another thematic of this chapter – and a further template for viewing the impact of structure, and import of agency, in respect of childhood narratives – concerned women’s experiences of puberty, as important bodily changes and an event to which Iranian gender symbolism gives meaning (Connell and

Pearse, 2015, p. 99). This aspect of women's sexual biographies highlighted the role of the gender regime of the family in shaping individual women's perceptions of their body and sexuality - and particularly what I referred to as the *hegemony of silence* that is fostered in this context around matters of (female) sexuality. At the same time, 'puberty' also served as a site of agency, that is, for the practice of reflexive body techniques in response both to normative expectations and an imposed lack of sexual knowledge. Accordingly, women understood the meaning of 'a girl' and a 'good girl' as an attractive chaste girl, who has a good choice of marriage and has accepted domestic labour as her destiny from Iranian cultural structure which defines the normative expectation and fleshes out the definition of femininity by describing a 'girl' and a 'good girl'. Although women's understandings and inferences of 'femininity' were accumulated through cultural structures which condition the value system and gendered attitudes, it is the women themselves who modified their bodies according to these meanings in order to achieve their 'desirable' self; for some participants, this involved cultural consent (accepting hegemonic understandings), while, with others, it involved contesting norms.

### *8.2.2 Womanhood*

In Chapter 6, I continued to follow the conceptual threads discussed above, but looking at these in the specific context of womanhood, as the next stage in participants' sexual biographies. Narratives of marriage and first sexual experiences were analysed as signifiers of womanhood and as sites of interplay between the gender order, reflexive body techniques, and agency – comprising further examples of women's various efforts to construct a

‘desirable self’ within conditions of constraint. I emphasised the continuity of gendered meanings across the individual’s life course. Women’s accounts of the pressures for getting married in the first place, and of entering into sexual relationships with husbands characterised by notions of silence and secrecy around female sexuality, were suggestive of the emotional potency of earlier, childhood, experiences of sexual norms in shaping their present day perceptions and understandings of their adult feminine body.

I argued that women’s first sexual activity was one of the most significant experiences in shaping their sexual biographies, and also demonstrated well the impactful role of cathexis as an element of the gender order (Connell, 2015), due to: first sexual activity served also as the first space in which women mediated and defined sexual meanings with men, this occurring through negotiations of power between themselves and their husbands.

Secondly, the hegemony of female silence, as identified in Chapter 5, continued through a complex process of the gender order to maintain a normative form of sexuality, in which the objective of sexual activity is men’s achievement of pleasure through penetration, and women’s role in this is wholly passive, i.e. to lie still, quietly and receptively.

Thirdly, given the cultural value placed on female virginity, participants’ first sexual activity was an important event in their sexual life and one marked by negative emotion. Finally, due to the aforementioned culture of silence, women did not have any, or only limited knowledge about sexual activity prior to their marriage (and, similar to their childhood, even about their own

body) and consequently any perceived 'misdemeanours' in how they responded to their husbands sexually induced in them a sense of guilt.

In this, participants sought to achieve a 'desirable self', but, as I argued, their individual motivations revealed three different, potential, attitudes towards sex: (i) to be viewed as a chore, in the manner of housework ('to be a good wife'); (ii) as a religious responsibility and route to spiritual reward ('to be a good religious woman'); or (iii) as a form of bargaining power in their relationships with their husbands ('to get what they want').

One area where a more critical sense of agency emerged in respect of the suppression of sexual desire was in respect of domestic duties. Although all of the participants perceived the meaning of femininity as being a 'good housewife' from cultural symbols of society, they believed it is not 'right' to do the housework alone and thus challenged the socio-cultural structure of hegemonic masculinity and gender roles. The women's bodies actively reflected this situation, in terms of their avoidance of sexual activity under the excuse of being tired from doing all of the housework and challenged gender roles - and the gender order.

In connecting to what they understood from a 'good girl' in their childhood, women referred to their being a 'successful woman' as a woman who fulfils her gender roles as a good housewife and a woman who modifies her body to be in line with her husband's perceptions or fantasies of female sexual attractiveness. The definition of femininity as a collective embodiment represents the women's gender relationships, which can be viewed from

Crossley's (2007) perspective. Women modify their body to gain their 'desirable' self and to get what 'they want' this reveals their agency.

### *8.2.3 Menopausal Time*

My final data chapter (Chapter 7) saw attention placed specifically on participants' experiences of menopause, as a significant event in their sexual biographies. The analysis here continued many of the themes of the previous chapters, including highlighting the imposition of norms, and the role of reflexive body techniques and efforts to construct a 'desirable self' in this context. It also again considered the personal and thematic continuity of cultural meanings regarding gendered and sexual embodiment, while emphasising the particular challenges that the menopause appeared to present to participants. Menopause, from the participant's point of view, was a transitional period involving gender norms based on the cultural meanings that they perceived. It had a notable impact on women's identity and their sexual experiences. Some of them faked their menstruation and sexual satisfaction to prevent passing from this transition.

I explained that menopausal women's bodies are regulated by medical and cultural hegemony, in which menopausal signs are framed in terms of a 'lack of control', a source of 'embarrassment' and associated with biological age. The participants derived much of their understanding from such medical discourses, commonly perceiving their menopause as a source of illness and depression, as a sign of 'being old', and as a reminder of their mortality and body, as well as a time for re-evaluating life.

I highlighted the double aspects of menopausal women's body medicalisation. From one hand women understood the meaning and timing of their menopause through medical discourse and from the other hand, medical discourse concealed the women's menopausal signs and helped them to achieve their 'desirable self'.

All the women had had the experience of female gynaecologists' services during their menopausal time, narrating that medical and even surgical interventions had been suggested to them to improve their sexual experiences. Their everyday experiences of sex during menopausal time were thus shaped through the interaction between medicalised and culturally derived understandings of menopause itself, and a history of experiencing sexual activity as necessarily phallocentric. Agency emerged with these women in the form of one of three strategies, each influenced by biographically specific factors and past experiences of negotiating power: (i) suppressing sexual desire; (ii) employing the menopause as an excuse for rejecting unwanted sex; and (iii) the faking of sexual satisfaction. Those participants who 'used' the menopause to avoid unwanted sex were perhaps particularly interesting from the point of critical agency, narrating that their new menopausal identity gave them more power than in the past to negotiate their sexual desires.

Another area in which the role of structure and the agentic negotiation of power could be seen was in respect of women's experiences of culturally dominant conceptions of feminine beauty and youthfulness while now embodying a menopausal identity. I discussed how hegemonic masculinity, by defining the feminine beauty ideal, imposed power on menopausal

women's bodies – power to which participants, in turn, responded by faking their acceptance of beauty norms as well by hiding signs of ageing more generally, so as not to lose their social currency as women. (There was some thematic continuity here with childhood notions of girls being 'taken care of' by men. Here women taking care of their bodies under hegemonic masculine guardianship, under normative conceptions of what is 'good' and 'acceptable'). Those participants, meanwhile, who did not accept this dominant definition of beauty were stigmatised as being 'careless' and 'negligent'.

I applied loss narratives, based on the Arthur Frank's (1995) narrative typology in order to disclose the dialectic relationship between menopausal women's body and gender order, and its interconnection with the social practices in their everyday lives. I explained that women's loss narrative was created through power negotiation between their agency, gender order, medical discourse and institutions, such as marriage and family and bridging their childhood, womanhood and menopausal time's experiences. By narrating their loss narratives, women firstly re-evaluated their life history through which they gained an insight and secondly challenged the hegemony of being silent that reveals their agency.

#### *8.2.4 Summary*

Overall, based on the findings that emerged from my analysis of women's lived experiences, I argued that their narratives provide examples of how the power relations of the gender order are signified via the practices of hegemonic masculinity which structure both public and private spaces and regulate women's bodies and their sexuality; this is control of women through



cultural consent. The symbolic and material significances of events and lived experiences such as menopause, puberty, proving of virginity, marriage and first sexual activity were crucial in shaping the sexual biographies of menopausal women. Bridging experiences across the life course menopause emerged as a gendered, embodied and lived phenomenon by which we can view individuals' engagement with cultural meanings of sexuality and the ageing body, and women's understanding of menopause as a significant life event.

Analysing the minutiae of reflexive body techniques, I underlined the agency of women's bodies in practice. It is undeniable that the women did not have total freedom, but they actively chose among possibilities and constraints, and negotiated power within the hegemony of masculinity, managing to create a space in order to live a life according to their 'desirable self' ('conforming to get what they want').

It is a complex agency that some of them practised through being i) wholly resistant ii) partially resistant and partially complicit in their reproduction, and iii) complicit and going along with what was expected to avoid being 'others' (through cultural consent). This research challenges 'passive' accounts of Iranian Muslim menopausal women's lives by highlighting the importance of subjectivity and agency of women living in constrained social milieux which structure their gendered and sexual practices.

In the following section, I discuss what significance these findings have for the existing field, and, in doing so, give consideration to the unique contribution to knowledge made by this research.

### **8.3. Original Contribution to Knowledge**

This is the first ever study to reveal the sexual and gendered biographies of Iranian Muslim menopausal women from their own perspectives and constitutes an original contribution to knowledge empirically, theoretically and methodologically.

Empirically, I have contributed to sociological understandings of the menopause, and of women's sexuality and embodiment, in the specific socio-cultural context of Iran.

Theoretically, deploying particular conceptual tools (the gender order; reflexive body techniques; the life course) in order to analyse the situations of what is a marginalised and typically silent group of women has helped to highlight the need for more nuanced understandings of women's agency – based in everyday negotiations of power, and involving both active cultural consent and challenges to gender and sexual norms. It has done so in the theoretical context of a realist understanding of the linkages between structure and agency, of macro and micro. This thesis contributes to the existing literature on Connell's gender order concept by employing it for analysing the sexual life narratives of Iranian Muslim menopausal women. The study has also focused attention on the salience of bridging different stages of the individual's life course for analysis, with sexuality and ageing as facets of trajectory, and an eye on the events and experiences that had been significant in shaping sexual biographies.

Additionally, employing Connell and Crossley together to analyse the empirical data has evidenced that Western centric approaches to agency are

insufficient for this group. I argue instead that combining elements of Connell and Crossley has facilitated a southern theoretical perspective of women's agency to replace and decentre Western ideas about agency. Moreover, by addressing 'loss narratives', I extend Frank's analysis using a combination of chaos and quest narratives to disclose the dialectic relationship between menopausal women's bodies and gender order and their interconnection with the social practices in their everyday lives.

My study also contributes to the methodological literature by serving as an example of the advantages – methodologically but also politically/ ethically - of using methods in which participants' realities are placed at its centre (O'Neill, 2010) for understanding sensitive and 'hidden' areas of social life using biographical/ life history. In a culture where 'silence', 'sexual purity' and 'virginity' are highly valued, women's stories are often not heard, and my approach enabled me to explore the concepts and language that Muslim Iranian menopausal women used to make sense of their sexuality; it provided a reflexive space for participants, and facilitated listening and understanding (O'Neill, 2015), as well as agency. Indeed, the women's participation in this research can be considered as active political practice on two fronts. Firstly, in providing a reflective space for participants to narrate their experiences and express their feelings, this also allowed them to *re-evaluate* their life history. This acted as a guide for both participants and me as a researcher for future social practice, and turned 'the personal' into 'the political' (O'Neill, 2015). Secondly, although the hegemony of being silent was imposed on women's sexual life through the Iranian socio-cultural structure, women actively contested this power by their decision to attend in

this research in order to narrate their hidden stories for me. Hence, they challenged the hegemony of secrecy and silence by speaking up and telling their sexual stories (Plummer, 1995).<sup>38</sup>

#### **8.4 Limitations of the Study**

The study does inevitably have some limitations. It is important to acknowledge, despite the benefits of focusing my research in Iran, the findings of this research are based on a sample of women drawn from Tehran and Karaj, and through only six religious classes in these two cities; thus, generalisation is not possible. Although I sought to access participants from different socioeconomic classes, it could be argued that this study presents relatively homogenous participants as they are recruited from mentioned classes. Additionally, the places in which the interviews took place were not always appropriate for narrating sexual stories. For example, as I stated in my 'Methodology Chapter', in one of the interviews, the participant's husband was present, with potential effects on the quality of the interview. As I discuss in chapter 4, this experience was disconcerting and an example of the symbolic and material power relationship and gender order.

Moreover, I recruited the participants through volunteer sampling. Being self-selecting in this way, the women participating in this study thus may have more courage to speak up about their sexuality and challenge the hegemony of silence than might others. At the same time, while my insider perspective

---

<sup>38</sup> This research, by linking the theoretical and conceptual framework and methodology, enables me to analyse rich biographical data and produce two publications based on it: a book chapter and an article in *Discover Society*.

enabled important disclosures by these women, it is possible they did not share narratives on particularly sensitive issues.

### **8.5 Recommendations for Further Research**

As well as demonstrating the potential for further use of biographical research, this study suggests the value in deploying other research tools for studying women's lived realities, such as visual and performative methods (for example, the walking method; O'Neill, 2015), which could move analysis out of the face-to-face interview situation and into women's lives as ordinarily lived, capturing the visual and sensory dimensions.

There is a need for further research on menopause, the menopausal body and ageing from the socio-cultural perspective especially with Iranian women to test this emergent model of agency. Furthermore, to extend the boundary pushing of this study in engaging women to share their experiences, express their views and understanding of topics that are largely taboo, I suggest exploration of creative research designs and methods.

Moreover, by employing Membership Categorisation Analysis (King, 2010), research could emphasise social identities of menopausal women in order to highlight how 'normal' social attributes for menopausal women are shaped by Iranian socio-cultural structures.

There is also a need for research on health workers' perspectives on the menopause and their sources of information in order to find out how their knowledge has been constructed. I also recommend follow up interviews in order to explore how women's attitudes and experiences might have changed after the first interview and over time. Additionally, there is the

---

## Conclusion

---

potential for study among Iranian Muslim men over 40 years old with similar research questions to compare the findings in order to enhance understanding of the concept of hegemonic masculinity.

## **Appendices**

### **Appendix 1: Information and consent form:**

#### **Research Subject: 'Exploring the Sexuality of Iranian Muslim Menopausal Women'**

##### **Purpose of this study:**

You are invited to participate in this study. The aim of this study is determination of socio-cultural factors which are important in forming the sexual perception of Iranian women in your age. I want to learn about the experiences of individuals who are menopause. I will interview individuals who identify as Muslim and menopause and you could be one of 30 people chosen to be part of this study. I will use the information obtained in this study in future academic presentations and publications.

##### **Benefits of your participation:**

I hope by using your knowledge, experiences, believes, and idea in this issue, Iranian women sexual lives will be considered as an important factor in sexual health well- being. Your life story will help me to understand more about sexuality during menopause time. I hope the study will also help other menopausal women, their friends, and their families. It also may help you to understand more about your life. Therefore I think this study is a step to improve menopausal women's sexual health.

##### **How you will participate in the study:**

If you decide to participate, I will arrange a time and place to meet together which is suitable for you. You will have a private meeting with me. We will

discuss your life story and I will tape record our discussion. We will talk about your idea, experiences, thoughts, and memories about your sexual life. Each meeting will be two to three hours long including short breaks that coffee, tea and cakes will be ready on that time. No one will pay anything to be in the study, and you will not be paid in any way. There are no right or wrong answers to the questions that will be raised in the interview; the important thing is for you to share your experience and opinions. In the meeting, you will receive one book, small notebook and a pen. All of our meetings will be in a friendly, private, and covertly place.

**Your privacy**

Your name will never be used in the report of the study. Names of people we talk about will not be used either. Each of our meetings will be numbered; they will not be identified by your name. I will keep all my notes and tapes in a locked file. No other person will see the notes or hear the tapes. After I transcribe the entire interview, I will destroy the tapes. Everything you tell me about you, your family, other people, and where you live will be private. I will not share this information with any person or agency. I will only report summarized results, so your identity will be unknown. I will not disclose any information that can be identified with you, nor connect your name to any information I present.

**Possible risks of your involvement**

Our talks will include parts of your life and feelings that may be uncomfortable for you to talk about. You may feel some stress. But you have a choice. You do not have to answer a question or talk about an issue if you don't want to. You may stop taking part in this study at any time for any



reason. If you feel upset during an interview, we will stop. We will only continue when you want to. If you show that you are very distressed or upset about something, I will immediately stop the interview. If you experience any distress or concerns generated by the interviews and would like help with counseling, you may be introduced to a psychologist by me.

**If you decide not to participate**

If you decide not to take part in this study, it will not be held against you in any way. If you decide to participate, you are free to discontinue participation at any time. If you have questions about the research feel free to ask me. If you have any questions, please ask me. If you have any questions later, I will be happy to answer them. You can reach me at: 00989122158307.

Your signature indicates that you have read the information provided above and have decided to participate. **Your signature also indicates that you have given permission to be audiotape recorded during the individual interview.** You can keep a copy of this form.

Signature of Participant and Date

Signature of Researcher and Date

## **Appendix 2: Interview Guideline**

### **Mother/Father/husband/ participant employment and education**

#### **Self–describing**

What matters the most to you?

What have been your greatest achievements?

#### **Religious/Cultural Influences**

How would you describe your relationship to your religion?

How would you describe the religious atmosphere in your home growing up?

How would you describe the role of your religion in your life?

#### **Family of origin**

How would you describe your family of origin?

In what ways did you nurture by your family?

#### **Parents teaching about gender and sexuality**

Do you have any memory of the time when you first realized you are a girl and your brothers are boys, or for example your cousins are boys, how did you realize the difference between girls and boys?

The first time when you had your first period, did anyone for example your sisters or your mother try to explain it to you that you are going to have your period, or what is going to happen to you? What was your feeling when you had your first period? How did you feel when you first saw the blood? Did

you pretend to be saying your prayers or to be fasting at home when you had your period?

Did you tell your daughter about the menstruation, before she started having them? Did you tell her what was going to happen?

What was your feeling towards growing your breasts? How did you feel when your breasts grow for the first time? Do you remember?

### **Definition of a girl and a good girl**

Can you define 'a girl' and 'a good girl'?

### **Romantic/Intimate relationship and marriage**

How old were you when you got married? Did you like to marry? Can you tell about your courtship and the decision to get married?

How did you meet your husband? Had you seen him before you got married? Or did you speak to him before you got married? Did you love your husband or was it love after marriage?

Are you and your husband satisfied with your married life now?

How did you learn about sexual matters? Did anyone tell you what was going to happen on the first night after you got married? What was your feeling towards your first sexual experience? What did it mean to you?

How would you describe your marriage? What is the husband/wife's role in sexual relationship? How is your feeling about your sexual life as a whole? Do you have sexual conversation with your husband? Do you talk to your husband about sexual intercourse? Do you tell him what you like more or

what kinds of things you enjoy more in having sex? Has it ever happened that you did not like to have sex but your husband wanted to? And then have you said no to him? How has he reacted?

### **Domestic Labour and Gender roles**

Who is responsible for the house work?

What is the definition of 'a good mother'? 'A successful wife'?

### **Menopause:**

How would you describe your menopause? What is your opinion about menopause? How do you feel about menopause?

What is your idea about aging? How do you feel about it?

How is your feeling towards the changes in your body in menopause?

How about your sexual desires? Has it changed since the beginning of your marriage? How is your sexual life during menopause? How should it be?

### Appendix 3: Themes and Typology

Childhood	
Themes	Typology
Gender Discovery	Through 1- Gender discrimination 2- Sexual awareness and family strategy 3- Physical differences
Puberty	1- Growing breasts 2- Menstruation
Family Management of Sexual Signs	1- Silence and secrecy 2- Restriction
Virginity Proof System	1- Traditional system 2- Medicalisation
Being identified as 'A Girl' and 'A Good Girl'	1- Physical appearance as agency 2- Domestic labour and marriage as girls' destiny and 3- Chastity and modesty as signs for being a good girl.
Womanhood	
Marriage	
First Sexual Experiences and Sexual Conversations	
Requirements for Being Identified as a 'Proper Wife'	
Domestic Labour	
Gender Roles and Education	
Sex as a Joy or a Duty and Sacrifice	1- As a chore 2- As a Jihad 3- Economy of sex.
Menopausal Time	
Disclosure of Diagnosis: Onset and Timing of Menopause	
Structural Influences on Understanding of Menopause	1- Menopause as a source of illness and depression; and as a time for re-evaluating life 2- Menopause as a sign of being old 3- Menopause as a death reminder 4- Menopause as a body reminder
Body Image and Cosmetic Surgery: 1- Transforming 2- Hiding	
Sexual Experiences	1- Suppressing sexual desire 2- Employing their menopause as an excuse for rejecting unwanted sex 3- Faking sexual satisfaction.
Loss Narratives and Menopausal Identity	

## Appendix 4: Approved Ethics Application

School of Applied Social Sciences

Research Ethics and Risk Assessment Form  
revised 31.5.12



### RESEARCH ETHICS AND RISK ASSESSMENT FORM

All research that involves access to human participants or to personal data with identifiable cases must be assessed for ethical issues and risks to the research participants and researcher(s)<sup>1</sup>. The research ethics form starts this process and must be submitted by the principal investigator for *all* such projects that staff or students of the School intend to undertake. Students and PGRs completing the process should seek guidance and support from supervisors. Staff members are invited to seek advice and support from the co-chairs of the SASS ethics sub-committee. Research that is purely literature-based does not require ethical approval.

Applications for ethical approval are reviewed in line with relevant codes of ethical practice, such as that of the British Sociological Association<sup>2</sup> or ESRC Research Ethics Framework<sup>3</sup>. Data should also be handled in a manner compliant with the Data Protection Act<sup>4</sup>. Researchers seeking funding from a research council must work within the appropriate research ethics framework.

***When completed, this form should be submitted to the designated approver for your type of project. The form must be approved before any data collection begins.***

Type of project	Default Approver
Students undertaking dissertations on taught courses (including MSW students)	Your dissertation supervisor
All other students undertaking project work as part of taught modules	Your module convenor or workshop leader
Research students	Director of Postgraduate Research (via SASS Research Secretary (PGR))
Staff	Chair of Ethics Sub-Committee (via SASS Research Administrator)

<sup>1</sup> [http://www.dur.ac.uk/research.office/local/research\\_governance/](http://www.dur.ac.uk/research.office/local/research_governance/)

<sup>2</sup> <http://www.britisoc.co.uk/equality/Statement+Ethical+Practice.htm>

<sup>3</sup> <http://www.esrc.ac.uk/about-esrc/information/research-ethics.aspx>

<sup>4</sup> [http://www.dur.ac.uk/research.office/local/research\\_governance/data\\_protection/](http://www.dur.ac.uk/research.office/local/research_governance/data_protection/)

*School of Applied Social Sciences*

*Research Ethics and Risk Assessment Form – PART A  
revised 31.05.12*

**PART A. To be filled in by all applicants**

**Section A. I Project outline**

Name of investigator: Elham Amini

E-mail address: elham.amini@durham.ac.uk

Dissertation/project title: Ageing, Spirituality & Sexuality: Exploring the sexuality of Muslim menopausal women in Iran.

Degree and year (students only): PhD, First Year

Student ID (students only): 000224387

Project funder (where appropriate):

Estimated start date: November 2012  
of project

Estimated end date: 2015  
of project

Summary (up to 250 words describing main research questions, methods and brief details of any participants)

*Dissertation/project title*

Ageing, Spirituality & Sexuality: Exploring the sexuality of Muslim menopausal women in Iran.

*Main research aims/questions*

How are menopausal women's sexual biographies (individual) shaped by cultural, social and religious (Islam) structure? And how does women's individual 'agency' respond in turn to these social structures?

*Proposed methods*

Qualitative, Life history

*Sample/participants*

Muslim menopausal women

**Section A.2 Ethics checklist (please answer each question by ticking as appropriate)**

	Yes	No
a). Does the study involve participants who are <i>potentially</i> vulnerable for example, children and young people; those with a learning disability or cognitive impairment; those unable to give informed consent or individuals in a dependent or unequal relationship?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b). Will it be necessary for participants to take part in the study without their knowledge/consent (e.g. covert observation of people in <i>non-public</i> places)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c). Could the study cause harm, discomfort, stress, anxiety or any other negative consequence beyond the risks encountered in normal life? Does the research address a sensitive topic? <sup>5</sup>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d). Will financial inducements (other than reasonable expenses and compensation for time) be offered to participants?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e). Will the project involve the participation of patients, users or staff through the NHS or a social services department?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f). Will you be required to undertake a Criminal Records Bureau check to undertake the research?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g). Are appropriate steps being taken to protect anonymity and confidentiality? (in accordance with an appropriate Statement of Ethical Practice).	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you have answered 'yes' to any of questions a) to f) or 'no' to question g), you must complete Part B of the form. Now go to Section A.3.

**Section A.3 Risk assessment checklist**

	Yes	No
a). Does the study involve practical work such as interviewing that requires the researcher(s) to travel to and from locations outside the University?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b). Does the study involve accessing non-public sites that require permission to enter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c). Are there any identifiable hazards involved in carrying out the study, such as lone working in isolated settings?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**RELEVANT RESPONSES** ☒

If you have answered 'yes' to any of questions a) to c), you must complete Part C. of this form.

**Section A.4 Next steps**

- a) If *only* Part A is required, please go to Part D of the form and ensure you complete the checklist and sign the completed form. Submit the form to the designated approver
- b) If you need to fill in Part B (this is required if you have answered 'yes' to any of questions a) to e) in Section A.2) please continue and complete Part B and add any further attachments.
- c) If you need to fill in Part C (this is required if you have answered 'yes' to any of the questions in Section A.3) please continue and complete Part C.

<sup>5</sup> Sensitive topics can include participants' sexual behaviour, their illegal or political behaviour, their experience of violence, their abuse or exploitation, their mental health, or their gender or ethnic status. Elite Interviews may also fall into this category.



## **PART B**

Part B must be completed if you have answered 'Yes' to any of questions a to e in Section 2 of Part A.

### **Section B.1 Other approvals**

If your project requires approval from an NHS or Social Services ethics committee, you should submit a draft NHS/SS application to your designated approver within SASS, along with this form, prior to submission to the appropriate external ethics committee. If you are submitting a draft NHS/SS to your designated approver within SASS, you only need to complete Section 1 of Part B. Once approval has been granted by SASS, including meeting any conditions, you must submit the approved forms together with evidence of this approval. Researchers undertaking studies in an NHS or social services setting must abide by the *Research Governance Framework for Health and Social Care*<sup>6</sup>.

- a) Does the research require ethical approval from the NHS or a Social Services Authority?

Yes ☐ No ☒

If 'Yes', please ensure the draft documentation is attached.

- b) Might the proposed research meet the definition of a clinical trial? It may do so if it involves studying the effects on participants of drugs, devices, diets, behavioural strategies such as exercise or counselling, or other 'clinical' procedures.

Yes ☐ No ☒

If 'Yes', **a copy of this form must be sent to the University's Insurance Officer, Procurement Department. Tel: 0191 334 9266. Insurance approval will be necessary before the project can start and evidence of approval must be attached with this form.**

### **Section B.2 Project details and ethical considerations**

- a) Who are your research participants? (please describe sample size, characteristics and sampling procedure)

My participants will be Iranian Muslim menopausal women. Data will be gathered by conducting in- depth interviews. Field work will be in mosques or religious meetings and societies. The interviews will be conducted by using an interview schedule by the main researcher. In total the project will aim to conduct at least 30 in-depth interviews but the researcher will continue with the interviews to gain the saturation in data.

<sup>6</sup> [http://www.dh.gov.uk/en/Aboutus/Researchanddevelopment/Atoz/Researchgovernance/DH\\_4002112](http://www.dh.gov.uk/en/Aboutus/Researchanddevelopment/Atoz/Researchgovernance/DH_4002112)

- b) Are there any people who will be excluded? If so state the criteria to be used
- Non Muslim
  - Non menopause
  - Men
- c) Who will explain the investigation to the participant(s)? And how? (attach information sheet or similar) The main researcher will explain the investigation to participants.
- d) How and where will consent be recorded? (attach consent form)
- Firstly, the researcher will explain the aim of research for the participants, and ask them to read the information and consent form carefully and sign it. Then all the names will be changed and anonymised. After finishing each individual interview, the researcher will provide books and pamphlets which give good information about sexual health to women.
- e) What steps will be taken to safeguard the anonymity of records, to maintain the levels of confidentiality and security of data storage promised to participants and to ensure compliance with the requirements of the Data Protection Act?
- All the names will be changed and anonymised. Each of the meetings will be numbered by researcher immediately after the meeting. The files will be saved in a locked file with pass word which only the main researcher will know.
- f) Will non-anonymised questionnaires, tapes or video recordings be destroyed at the end of the project?
- Yes ☒ Go to B.3      No ☐ Go to next question      Not Applicable ☐ Go to B.3
- g) What further use do you intend to make of the material and how and where will this be stored?
- h) Will consent be requested for this future use?      Yes ☐      No ☐ Not Applicable ☐

**Section B.3 Risk or discomfort to participants<sup>7</sup>**

What discomfort, danger or interference with normal activities could be experienced by participants? State probability, seriousness, and precautions to minimise each risk.

Risk/Discomfort	Probability (high/medium/low)	Seriousness (high/medium/low)	Precautions
Anxiety due to talking about sensitive issues	Medium	Low	Use of sensitive skills and establishment of safe ground rules before the interview. Provision of information leaflets after interview.

<sup>7</sup>For further guidance applicants can consult *Social Research Update: Safety in Social Research* <http://sra.soc.surrey.ac.uk/SRU29.html> and the *Code of Safety* developed by the Social Research Association <http://www.the-sra.org.uk/guidelines.htm#safe>

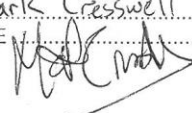
*School of Applied Social Sciences*

*Research Ethics and Risk Assessment Form – PART C  
revised 10.09.10*

**PART C. FIELDWORK RISK ASSESSMENT AND HEALTH DECLARATION**

All applicants who intend to conduct research with human participants outside the University should complete these forms. For further guidance please consult the University's Health and Safety Manual Section F1 at:  
<http://www.dur.ac.uk/resources/healthandsafety/manual/f1.pdf>

**Section C.1 Fieldwork Risk Assessment (participants and researcher)**

DEPARTMENT <b>Applied Social Sciences</b>	LOCATION <b>Iran</b>
ACTIVITY <b>Interviews</b>	PERSONS AT RISK <b>No one</b>
DURATION OF ACTIVITY <b>5-6 months</b>	
POTENTIAL HAZARDS: <b>Nothing</b>	
POTENTIAL CONSEQUENCES: <b>Nothing</b>	
EXISTING CONTROLS:	
RISK RATING (SEVERITY X LIKELIHOOD) WITH EXISTING CONTROLS	
Severity ..... X Likelihood ..... = Risk Rating ..... HIGH <input type="checkbox"/> MEDIUM <input type="checkbox"/> LOW <input checked="" type="checkbox"/>	
NEW CONTROLS REQUIRED:	
RISK RATING (SEVERITY X LIKELIHOOD) WITH NEW CONTROLS	
Severity ..... X Likelihood ..... = Risk Rating ..... HIGH <input type="checkbox"/> MEDIUM <input type="checkbox"/> LOW <input checked="" type="checkbox"/>	
ASSESSOR NAME <b>Mark Crosswell</b> SIGNATURE 	JOB TITLE <b>Lecturer in Sociology</b> DATE <b>08/11/13</b>

School of Applied Social Sciences

Research Ethics and Risk Assessment Form – PART D  
revised 10.09.10

**PART D. CHECKLIST AND SIGNATURES**

**Section D. Checklist of attachments**

*All applicants should tick which parts of the form you have completed and the documents you are attaching with this form:*

1. Part A (all applicants)	<input checked="" type="checkbox"/>
2. Part B (for research with vulnerable people, on sensitive topics, etc)	<input checked="" type="checkbox"/>
3. Part C (for research outside the university)	<input checked="" type="checkbox"/>
4. Completed draft NHS or social services ethics form (students only, if applicable)	<input type="checkbox"/>
5. Confirmation of insurance cover (if applicable; see Part B, section B.1.b.)	<input type="checkbox"/>
6. Information sheet for participants (required if consent is to be obtained)	<input checked="" type="checkbox"/>
7. Consent form for participants (required if consent is to be obtained)	<input checked="" type="checkbox"/>
8. Draft questionnaire (required if you are using a questionnaire)	<input type="checkbox"/>
9. Draft interview/focus group guide (required if you are using interviews/focus groups)	<input checked="" type="checkbox"/>
10. Written confirmation from all agencies involved in the study that: they agree to participate; a CRB check is or is not required. <b>STUDENTS ONLY ARE REQUIRED TO SUBMIT THIS - the agreement to participate may be 'in principle', pending ethics approval by the university or the principal investigator. An e-mail from a manager or other appropriate gatekeeper is acceptable).</b>	<input type="checkbox"/>

**Section E. Signatures**

*All applicants must complete this section*

**Principal Investigator<sup>8</sup>**

Name: Elham Amini

Date: 24/10/2013

*Elham Amini*

**Supervisor (research students only):**

I have read this form and am happy for it to be considered for ethical approval

Name: Supervisor:

*Mark Caswell*

Date: 08/11/13

**Section D. Next steps**

The completed form with all attachments should be submitted to the appropriate person for review and approval, as indicated on the front sheet of the form.

<sup>8</sup> For dissertations and projects, the principal investigator will usually be the student

School of Social Sciences

*Research Ethics and Risk Assessment Form – PART E*  
Revised 10.09.10

**FOR OFFICE USE ONLY**

**PART 2: OUTCOME OF APPLICATION**

Please tick

a)	<input type="checkbox"/> Proposal is satisfactory and is approved as it stands.	
b)	<input type="checkbox"/> Proposal is accepted subject to approval of an NHS, Social Services External Ethics Committee (copy to be submitted to SASS when received).	
c)	<input type="checkbox"/> Proposal cannot be approved and the applicant should submit a revised proposal in the light of the comments noted below.	

(for forwarding to the applicant)

Signature Helen Charnley Date 11.12.13.  
Name (in capitals) HELEN CHARNLEY Designation PGR DIRECTOR

A COPY OF THE APPROVED FORM MUST BE KEPT ON FILE.  
STUDENTS ON TAUGHT PROGRAMMES AND PGRs MUST SUBMIT A COPY OF THE  
APPROVED FORM TO THE RELEVANT PROGRAMME SECRETARY.

## **References**

- Abbot, P. & Wallace, C. (1997). *'An Introduction to Sociology: Feminist Perspectives'*, London: Rutledge.
- Ackerly, B., Stern, M. & True, J. (2006). *Feminist methodologist for international relations*, Cambridge University Press.
- Adamson, W. L. (1980). *Hegemony and Revolution*, London: University of California Press.
- Afary, J. (2009). *Sexual politics in modern Iran*. Cambridge University Press.
- Ahmad-Nia, S. (2002). Women's Work and Health in Iran: A Comparison of Working and Non-Working Mothers, *Social Science & Medicine*, 54(5), 753-765.
- Andrews, M., Squire, C. & Tamboukou, M. (2013). *Doing narrative research*. SAGE
- Arber, S. & Evandrou, M. (1993). *Ageing, independence, and the life course*. Jessica Kingsley Publishers.
- Arslanian-Engoren, C. (2002). Feminist poststructuralism: a methodological paradigm for examining clinical decision-making. *Journal of advanced nursing*, 37(6), 512-517.
- Ashrafi, M., Ashtiani, S. K., Malekzadeh, F., Amirchaghmaghi, E., Kashfi, F., Eshrati, B., & Shabani, F. (2010). Symptoms of natural menopause among Iranian women living in Tehran, Iran, *Iranian Journal of Reproductive Medicine*, 8 (1), 29-32
- Atkinson, R. (2007). The life story interview as a bridge in narrative inquiry. In D.Jean Clandinin (ed.) *Handbook of narrative inquiry: Mapping a methodology*, (pp. 224-245) Sage.
- Ayatollahi, S. M. T., Ghaem, H., & Ayatollahi, S. A. R. (2005). Sociodemographic factors and age at natural menopause in Shiraz, Islamic Republic of Iran, *Eastern Mediterranean Health Journal*, 11 (1/2), 146-154
- Babbie, E. R. (1998). *The practice of social research*. International Thomson Publishing Services.
- Bancroft, J. (2002). The medicalization of female sexual dysfunction: The need for caution. *Archives of sexual behaviour*, 31(5), 451-455.
- Baum, F. (2008). *The new public health*. Oxford University Press

- Bellamy, G., Gott, M., Hinchliff, S., & Nicolson, P. (2011). Contemporary women's understandings of female sexuality: findings from an in-depth interview study. *Sexual and Relationship Therapy*, 26(1), 84-95.
- Bhaskar, R. (1978). *A realist theory of science*. Routledge.
- Bird, K., & Krüger, H. (2005). The secret of transitions: The interplay of complexity and reduction in life course analysis. *Advances in life course research*, 10, 173-194
- Blaikie, N. (2007). *Approaches to social enquiry: Advancing knowledge*. Polity.
- Blell, Mwenza Thandiwe (2009). *The timing and experience of menopause among British Pakistani women in Bradford and Leeds, West Yorkshire, UK*. (Unpublished PhD thesis) Durham University.
- Bonithon-kopp, C., Scarabin, P. Y., Darne, B., Malmejac, A. & Guize, L. (1990). Menopause-related changes in lipoproteins and some other cardiovascular risk factors. *International journal of epidemiology*, 19(1), 42-48.
- Bourdieu, P. (1984). *Distinction: A social critique of the judgement of taste*. Harvard University Press.
- Bourdieu, P. (1990). *The logic of practice*. Stanford University Press.
- Bourdieu, P. (1999). Understanding. In Pierre Bourdieu (ed.). *The Weight of the World: Social Suffering in Contemporary Society* (pp. 607-629). Policy Press.
- Bourdieu, p. (2000). The biographical illusion. In P. Du Gay & J. Evans, P. Redman (eds.) *Identity: a reader*. (pp. 297-304). SAGE.
- Bourdieu, P. (2001). *Masculine Domination*, Polity Press.
- Bourdieu, P. (2005). Habitus. In J. Hillier & E. Rooksby (eds.) *Habitus: A sense of place*, (pp.43-49).Ashgate Publishing Limited
- Bourdieu, P. (2011). The forms of capital (1986). In I. Szeman & T. Kaposy. *Cultural theory: An anthology*, (pp.81-93). Wiley-Blackwell.
- Bourdieu, P. (1993). *Sociology in Question*. SAGE.
- Bourdieu, P. & Wacquant, L. J. (1992). *An invitation to reflexive sociology*. University of Chicago press.
- Bowen, G. A. (2008). Naturalistic inquiry and the saturation concept: a research note. *Qualitative research*, 8(1), 137-152.
- Breen, R. & Cooke, L. P. (2005). The persistence of the gendered division of domestic labour. *European Sociological Review*, 21(1), 43-57.



- Brickell, C. (2009). Sexuality and the Dimensions of Power. *Sexuality & Culture*, 13(2), 57-74.
- Broussard, L. (2006). Understanding qualitative research: A school nurse perspective. *The Journal of School Nursing*, 22(4), 212-218.
- Brownmiller, S. (1975). *Against our will: Men, women and rape*. The Ballantine Publishing Group.
- Bryman, A. (2004) *Social research methods*, Oxford University Press.
- Bunton, R., Burrows, R. & Nettleton, S. (Eds.). (2003). *The sociology of health promotion: critical analyses of consumption, lifestyle and risk*. Routledge.
- Butler, J. (1990). *Gender Trouble: Feminism and the Subversion of Identity*. Routledge.
- Butler, J. (1993). *Bodies that Matter. On the Discursive Limits of Sex*. London and New York: Routledge.
- Cacchioni, T. & Wolkowitz, C. (2011). Treating women's sexual difficulties: The body work of sexual therapy. *Sociology of health & illness*, 33(2), 266-279.
- Calasanti, T. (2005). Ageism, gravity, and gender: Experiences of aging bodies. *Generations*, 29(3), 8-12.
- Cameron, D. & Kulick, D. (2003). *Language and sexuality*. Cambridge University Press.
- Cappeliez, P., Beaupré, M., & Robitaille, A. (2008). Characteristics and impact of life turning points for older adults. *Ageing International*, 32(1), 54-64.
- Carpenter, L. M., Nathanson, C. A. & Kim, Y. J. (2006). Sex after 40?: Gender, ageism, and sexual partnering in midlife. *Journal of Aging Studies*, 20(2), 93-106.
- Carpenter, L. & DeLamater, J. (Eds.). (2012). *Sex for Life: From Virginity to Viagra, how Sexuality Changes Throughout Our Lives*. NYU Press.
- Chalmers, A. F. (1999). *What is this thing called science?*. Open University Press.
- Chase, S. E. (2011). Narrative Inquiry. In N. K Denzin & Y. S. Lincoln (eds.). *The SAGE handbook of qualitative research* (pp.421-434). SAGE.
- Christianson, M., & Eriksson, C. (2015). Promoting women's human rights: A qualitative analysis of midwives' perceptions about virginity control and hymen 'reconstruction'. *The European Journal of Contraception & Reproductive Health Care*, 20(3), 181-192.

- Clarke, A. Y. (2011). *Inequalities of Love: College-Educated Black Women and the Barriers to Romance and Family*. Duke University Press.
- Clarke, L. H. & Griffin, M. (2008). Visible and invisible ageing: Beauty work as a response to ageism. *Ageing and Society*, 28(05), 653-674.
- Clarke, L. H. & Korotchenko, A. (2011). Aging and the body: A review. *Canadian Journal on Aging/La Revue canadienne du vieillissement*, 30(03), 495-510.
- Clausen, J. A. (1995). Gender, contexts, and turning points in adults' lives. In P. Moen, G. H. Elder Jr. & K. Lüscher (Eds.), *Examining lives in context: Perspectives on the ecology of human development* (pp. 365–389). Washington: American Psychological Association.
- Coles, T. (2009). Negotiating the Field of Masculinity: The Production and Reproduction of Multiple Dominant Masculinities. *Men and Masculinities*, 12(1), 30-44.
- Cronin, A., Ward, R., Pugh, S., King, A. & Price, E. (2011). Categories and their consequences: Understanding and supporting the caring relationships of older lesbian, gay and bisexual people. *International Social Work*, 54(3), 421-435.
- Connell, R. W. (1987). *Gender and power: Society, the person and sexual politics*. Polity Press.
- Connell, R. W. (1995). *Masculinities*. Polity Press.
- Connell, R.W (2002). *Gender*, UK: Polity Press.
- Connell, R. (2006). Glass ceilings or gendered institutions? Mapping the gender regimes of public sector worksites. *Public administration review*, 66(6), 837-849.
- Connell, R. (2006). Northern theory: The political geography of general social theory. *Theory and Society*, 35(2), 237-264.
- Connell, R. (2007). *Southern theory: The global dynamics of knowledge in social science*. Cambridge: Polity.
- Connell, R. (2009). *Short introductions: gender*. Polity Press.
- Connell, R. (2010). Lives of the businessmen. Reflections on life-history method and contemporary hegemonic masculinity. *Österreichische Zeitschrift für Soziologie*, 35(2), 54-71.
- Connell, R. (2011). Southern bodies and disability: Re-thinking concepts. *Third World Quarterly*, 32(8), 1369-1381.
- Connell, R. (2012). Gender, health and theory: conceptualizing the issue, in local and world perspective. *Social science & medicine*, 74(11), 1675-1683.

- Connell, R. (2014). Using southern theory: Decolonizing social thought in theory, research and application. *Planning Theory*, 13(2), 210-223.
- Connell, R. W. & Messerschmidt, J. W. (2005). Hegemonic masculinity rethinking the concept. *Gender & society*, 19(6), 829-859
- Connell, R. & Pearse, R. (2015). *Gender: In World Perspective*. Polity.
- Connell, R.W., Hearn, J. & Kimmel, M.S. (2005). Introduction. In M. S. Kimmel, J. Hearn & R. W. Connell (eds.) *Handbook of studies on men and masculinities* (pp. 1-13) SAGE.
- Cook, J. A. & Fonow, M. M. (1986). Knowledge and Women's Interests: Issues of Epistemology and Methodology in Feminist Sociological Research. *Sociological Inquiry*, 56(1), 2-29.
- Corbin, J. & Morse, J. M. (2003). The unstructured interactive interview: Issues of reciprocity and risks when dealing with sensitive topics. *Qualitative inquiry*, 9(3), 335-354.
- Crawford, M. P. & Hooper, D. (1973). Menopause, ageing and family. *Social Science & Medicine* (1967), 7(6), 469-482.
- Crawley, S.L., Foley, L.J. & Shehan, C.L. (2007). *Gendering bodies*. New York: Rowman Littlefield.
- Cresswell, M. (2003). Sex/Gender: which is which? A rejoinder to Mary Riege Laner. *Sociological inquiry*, 73(1), 138-151.
- Cresswell, M. (2005). Psychiatric "survivors" and testimonies of self-harm. *Social science & medicine*, 61(8), 1668-1677.
- Crossley, N. (1996). Body-subject/body-power: agency, inscription and control in Foucault and Merleau-Ponty. *Body & Society*, 2(2), 99-116.
- Crossley, N. (2001). *The social body: Habit, identity and desire*. Sage.
- Crossley, N. (2005) Mapping Reflexive Body Techniques: On Body Modification and Maintenance', *Body & Society*, 11 (1), pp. 1-35
- Crossley, N. (2006). *Reflexive Embodiment in Contemporary Society: The Body in Late Modern Society*. McGraw-Hill Education (UK).
- Crossley, N. (2007). Researching embodiment by way of 'body techniques'. *The Sociological Review*, 55(s1), 80-94.
- Crossley, N. (2012). Phenomenology and the body. In B. S. Turner (ed.) *The Routledge Handbook of the Body* (pp. 130-143) Routledge.
- Crotty, M. (1988). *The Foundation of Social Research: Meaning and Perspective in the Research Process*, Sage Publication.

- Cruikshank, M. (2008). Aging and identity politics. *Journal of Aging Studies*, 22(2), 147-151.
- Daniluk, J. C. (2003). *Women's sexuality across the life span: Challenging myths, creating meanings*. Guilford Press.
- Da Silv, L. A., Useche, B., e Silva, J. C. R., Ferriani, R. A., Reis, R. M., de Sá, M. F. S., de Carvalho, B.R, Carvalho, M.A.C.R & de Sá Rosa, A. C. J. (2009). Sexuality during the climacteric period. *Maturitas*, 62(2), 127-133.
- Davies, B. (1991). The concept of agency: A feminist poststructuralist analysis. *Social Analysis: The International Journal of Social and Cultural Practice*, (30), 42-53.
- Deacon, S., Minichiello, V. & Plummer, D. (1995). Sexuality and older people: Revisiting the assumptions. *Educational Gerontology: An International Quarterly*, 21(5), 497-513.
- De Beauvoir, S. (1973). *The second sex*. Random House.
- Deeks, A. A. & McCabe, M. P. (2004). 'Well-being and menopause: an investigation of purpose in life, self-acceptance and social role in premenopausal, perimenopausal and postmenopausal women'. *Quality of life research*, 13(2), 389-398.
- DeJong, J., Jawad, R., Mortagy, I. & Shepard, B. (2005). The sexual and reproductive health of young people in the Arab countries and Iran. *Reproductive health matters*, 13(25), 49-59.
- DeLamater, J. (1986). Gender differences in sexual scenarios. In Kathryn Kelley (ed.) *Females, males, and sexuality* (pp.127-140). State University of New York Press.
- DeLamater, J. D. & Hyde, J. S. (1998). Essentialism vs. social constructionism in the study of human sexuality. *Journal of Sex Research*, 35(1), 10-18.
- DeLamater, J. & Moorman, S. M. (2007). Sexual behavior in later life. *Journal of Aging and Health*, 19(6), 921-945.
- DeLamater, J. & Carpenter, L. (2012). Introduction: Sexualities over the life course: The development of a perspective (eds.) *Sex for life: From virginity to Viagra, how sexuality changes throughout our lives* (pp. 3-22) New York University Press.
- Dennerstein, L. & Helmes, E. (2000). 'The menopausal transition and quality of life: Methodologic issues'. *Quality of Life Research*, 9, 721-731.
- Denzin, N. K. & Lincoln, Y. S. (2013). *Strategies of qualitative inquiry*. Sage Publication
- Denzin, N. K. (1989). *Interpretive biography*. SAGE.

- Denzin, N. K. (1992). *Symbolic interactionism and cultural studies: The politics of interpretation*. Blackwell.
- Denzin, N. K. (2001). *Interpretive interactionism*. SAGE.
- Denzin, N. K. & Lincoln, Y. S. (2011). *The SAGE handbook of qualitative research*. SAGE.
- DeVault, M. L. (1996). Talking back to sociology: Distinctive contributions of feminist methodology. *Annual review of sociology*, 29-50.
- Dickson, G. L. (1990). A feminist poststructuralist analysis of the knowledge of menopause. *Advances in Nursing Science*, 12(3), 15-31
- Douglas, M. (1966). *Purity and danger: An analysis of concepts of pollution and taboo*. Routledge.
- Douglas, M. (1992). *Risk and blame*. Routledge.
- Douglas, M. (2003). *Purity and danger: An analysis of concepts of pollution and taboo*. Routledge.
- Elder Jr, G. H. (1985). *Life course dynamics: trajectories and transitions 1968-1980*. Cornell University Press
- Elder Jr, G. H. (1994). Time, human agency, and social change: Perspectives on the life course. *Social psychology quarterly*, 4-15.
- Elder, G. H. (1998). The life course as developmental theory. *Child development*, 69(1), 1-12.
- Elder, G. H., Johnson, K. M. & Crosnoe, R. (2003). The emergence and development of life course theory. In: J. T. Mortimer & M. J. Shanahan (Eds), *Handbook of the life course* (pp. 3–19). New York: Kluwer Academic & Plenum Publishers.
- Elliott, A. (2015). *Psychoanalytic theory: An introduction*. Palgrave MacMillan.
- Elliott, J. (2005). *Using narrative in social research: Qualitative and quantitative approaches*. Sage.
- Ettorre, E. (2013). Chapter 9. Drug User Researchers as Autoethnographers: “Doing Reflexivity” With Women Drug Users. *Substance use & misuse*, 48(13), 1377-1385.
- Featherstone, M. & Turner, B. S. (1995). Body and society: An introduction. *Body & Society*, 1(1), 1-12
- Femia, J. V. (1981). *Gramsci's Political Thought*, Oxford University Press.
- Fileborn, B., Thorpe, R., Hawkes, G., Minichiello, V., Pitts, M. & Dune, T. (2015). Sex, desire and pleasure: considering the experiences of older Australian women. *Sexual and Relationship Therapy*, 30(1), 117-130.

- Firestone, S. (1970). *The dialectic of sex: The case for feminist revolution*. Morrow.
- Floyd, F. J. & Bakeman, R. (2006). Coming-out across the life course: Implications of age and historical context. *Archives of Sexual Behaviour*, 35(3), 287-296.
- Fonow, M. M. & Cook, J. A. (2014). Feminist methodology: New applications in the academy and public policy. *Signs*, 40(1).
- Foucault, M. (1984) *The History of Sexuality. Vol. 1: The Will to Knowledge* (Robert Hurley, Trans.) London: penguin.
- Frank, A. W. (1995). *The wounded storyteller: Body, illness, and ethics*. University of Chicago Press.
- Frank, A. W. (2012). Practicing dialogical narrative analysis. In J. Holstein & J. Gubrium (eds.), *Varieties of narrative analysis* (pp.33-52). London: Sage.
- Frith, H. & Kitzinger, C. (2001). Reformulating sexual script theory developing a discursive psychology of sexual negotiation. *Theory & Psychology*, 11(2), 209-232.
- Frost, N. (2009). Do you know what I mean?: the use of a pluralistic narrative analysis approach in the interpretation of an interview. *Qualitative Research*, 9(1), 9-29.
- Gagnon, J. (2004). *An interpretation of desire: Essays in the study of sexuality*. University of Chicago Press.
- Gagnon, J.H. & Simon, W. (1973). *Sexual conduct: The social sources of human sexuality*. Aldine Transaction publishers.
- Gambaudo, S. (2015). The Regulation of Gender in Menopause Theory. *Topoi*, 1-11.
- Geertz, C. (1994). Thick Description: Toward an Interpretative Theory of Culture. In M. Martin and L.C. McIntyre (eds.) *Readings in the philosophy of social science*. (pp. 213-231). MIT Press
- Geiger, S. N. (1986). Women's life histories: Method and content. *Signs*, 334-351.
- Giddens, A. (1979). *Central problems in social theory: Action, structure, and contradiction in social analysis*. University of California Press.
- Giddens, A. (1984). *The constitution of society: Outline of the theory of structuration*. University of California Press.
- Giddens, A. (1991). *Modernity and self-identity: Self and society in the late modern age*. Stanford University Press.
- Giddens, A. (2001) *Sociology*, Polity Press.

- Giddens, A. & Pierson, C. (1998) *Conversation with Anthony Giddens, making sense of modernity*, Polity Press.
- Glaser, B. G. & Strauss, A. L. (1967). *Discovery of grounded theory: strategies for qualitative research*. Mill Valley.
- Goffman, E. (1956). Embarrassment and social organization. *American Journal of sociology*, 11 (2). 264-271.
- Gotlib, I. H. & Wheaton, B. (1997). *Stress and adversity over the life course: Trajectories and turning points*. Cambridge University Press.
- Gott, M. (2005). *Sexuality, Sexual Health, and Ageing*. Open University Press.
- Gott, M. & Hinchliff, S. (2003). Sex and ageing: A gendered issue. In S. Arber, K. Davidson & J. Ginn (eds.) *Gender and Ageing: Changing roles and relationships* (pp. 63-78). Open University Press.
- Gottfried, H. (1998). Beyond patriarchy? Theorising gender and class. *Sociology*, 32(3), 451-468.
- Green, J. & Thorogood, N. (2011). *Qualitative Methods for Health Research*, Sage Publications.
- Greener, I. (2011). *Designing social research: A guide for the bewildered*. Sage Publications.
- Griffith, A. I. (1998). Insider/outsider: Epistemological privilege and mothering work. *Human Studies*, 21(4), 361-376.
- Grogan, S. (2010). Promoting positive body image in males and females: Contemporary issues and future directions. *Sex Roles*, 63(9-10), 757-765.
- Hafez, S. (2014). The revolution shall not pass through women's bodies: Egypt, uprising and gender politics. *The Journal of North African Studies*, 19(2), 172-185.
- Hakim, C. (2010). Erotic capital. *European sociological review*, 26(5), 499-518.
- Hall, R. L. (2004). An energetics-based approach to understanding the menstrual cycle and menopause. *Human nature*, 15(1), 83-99.
- Hammack, P. L. & Cohler, B. J. (2009). Narrative engagement and stories of sexual identity. In: P.L Hammack & B.J. Cohler (Eds), *The story of sexual identity: Narrative perspectives on the gay and lesbian life course*. (pp. 3-23). Oxford University Press.

- Harkins, E. B. (1978). Effects of empty nest transition on self-report of psychological and physical well-being. *Journal of Marriage and the Family*, 40 (3), 549-556.
- Heinz, W. R. & Krüger, H. (2001). Life course: Innovations and challenges for social research. *Current sociology*, 49(2), 29-45.
- Henriques, J., Hollway, W., Urwin, C., Venn, C. & Walkerdine, V. (1984). *changing the subject: Psychology, social regulation, and subjectivity*. Methuen & Co. Ltd.
- Hill, K. (1996). The demography of menopause. *Maturitas*, 23(2), 113-127.
- Hinchliff, S. & Gott, M. (2008). Challenging social myths and stereotypes of women and aging: Heterosexual women talk about sex. *Journal of Women & Aging*, 20(1-2), 65-81.
- Hinchliff, S., Gott, M. & Ingleton, C. (2010). Sex, Menopause and Social Context A Qualitative Study with Heterosexual Women. *Journal of health psychology*, 15(5), 724-733.
- Hird, M. J. & Germon, J. (2001). The intersexual body and the medical regulation of gender. In K. Backett-Milburn & L. McKie (eds.) *Constructing Gendered Bodies* (pp. 162-178). UK: Palgrave Macmillan.
- Hochschild, A. R. (1983). *The managed heart: Commercialization of human feeling*. University of California Press.
- Hockey, J. & James, D. A. (2002). *Social identities across the life course*. Palgrave.
- Hojat, M., Shapurian, R., Foroughi, D., Nayerahmadi, H., Farzaneh, M., Shafieyan, M. & Parsi, M. (2000). Gender Differences in Traditional Attitudes Toward Marriage and the Family An Empirical Study of Iranian Immigrants in the United States. *Journal of Family Issues*, 21(4), 419-434.
- Hutchison, E. D. (2010). A life course perspective. In E.D Hutchison (ed.) *Dimensions of human behaviour: The changing life course*, (pp. 3-38). SAGE.
- Hvas, L. (2006). Menopausal women's positive experience of growing older. *Maturitas*, 54(3), 245-251.
- Hyden, L. C. & Brockmeier, J. (2008). *Health, illness, and culture: broken narratives* Routledge.
- Ismaili, F. (2015, September 9), which one is your choice? *Ebtekar*, p.7
- Jackson, S. (2006). Gender, sexuality and heterosexuality: The complexity (and limits) of heteronormativity. *Feminist theory*, 7(1), 105-121.



- Jackson, S. & Scott, S. (2001). Putting the body's feet on the ground: Towards a sociological reconceptualization of gendered and sexual embodiment. In K. Backett-Milburn & L. McKie (eds.) *Constructing gendered bodies* (pp. 9-24). UK: Palgrave Macmillan.
- Jackson, S. & Scott, S. (2007). Faking like a woman? Towards an interpretive theorization of sexual pleasure. *Body & Society*, 13(2), 95-116.
- Jackson, S. & Scott, S. (2010). Rehabilitating interactionism for a feminist sociology of sexuality. *Sociology*, 44(5), 811-826.
- Jackson, S. & Scott, S. (2017). Practice theory and interactionism: an integrative approach to the sociology of everyday sexuality. In A. King, A. Santos & I. Crowhurst (eds.) *Sexualities Research: Critical Interjections, Diverse Methodologies and Practical Applications*. Routledge.
- Jefferson, T. (2002). Subordinating Hegemonic Masculinity, *Theoretical Criminology*, 6(1), pp. 63- 88
- Johnston-Robledo, I. & Chrisler, J. C. (2013). The menstrual mark: Menstruation as social stigma. *Sex roles*, 68(1-2), 9-18.
- Kagawa-Singer, M., Wu, K., Kawanishi, Y., Greendale, G. A., Kim, S., Adler, S. R. & Wongvipat, N. (2002). Comparison of the menopause and midlife transition between Japanese American and European American women. *Medical Anthropology Quarterly*, 16(1), 64-91.
- Katz, J., Peace, S. & Spurr, S. (2011). *Adult lives: a life course perspective*. Policy Press.
- Katz, S. & Marshall, B. (2003). New sex for old: Lifestyle, consumerism, and the ethics of aging well. *Journal of Aging Studies*, 17(1), 3-16.
- Katz, S. & Marshall, B. L. (2004). Is the functional 'normal'? Aging, sexuality and the bio-marking of successful living. *History of the Human Sciences*, 17(1), 53-75.
- Katz, S. (2010) Sociocultural Perspectives on Ageing Bodies. In D. Dannerfer & C. Phillipson (eds.) *The SAGE Handbook of Social Gerontology*, (pp.355-366) SAGE.
- Kaufert, P. A. (1996). The Social and Cultural Context of Menopause. *Maturitas*, 23(2), 169-180.
- Kaufert, P., Boggs, P. P., Ettinger, B., Woods, N. F. & Utian, W. H. (1998). Women and Menopause: Beliefs, Attitudes, and Behaviours. The North American Menopause Society 1997 Menopause Survey. *Menopause*, 5(4), 197-202.
- Kaufert, P. A. & Lock, M. (1997). Medicalization of women's third age. *Journal of Psychosomatic Obstetrics & Gynecology*, 18(2), 81-86.

- Khademi, S. & Cooke, M. S. (2003). Comparing the attitudes of urban and rural Iranian women toward menopause. *Maturitas*, 46(2), 113-121.
- Khoei, E. M., Whelan, A. & Cohen, J. (2008). Sharing beliefs: What sexuality means to Muslim Iranian women living in Australia. *Culture, health & sexuality*, 10(3), 237-248.
- Khoei, E. M., Ziaei, T., Salehi, M. & Farajzadegan, Z. (2013). Comprehensive view of the human mating process among young couples in Isfahan-Iran: An explanatory mixed-method study. *Iranian Red Crescent Medical Journal*, 15(12), 1-13.
- King, A. (2010). 'Membership matters': applying Membership Categorisation Analysis (MCA) to qualitative data using Computer-Assisted Qualitative Data Analysis (CAQDAS) Software. *International journal of social research methodology*, 13(1), 1-16.
- King, H. & Roberts, B. (2015). Biographical research, longitudinal study and theorisation. In M. O'Neill, B. Roberts, A. Sparkes, (eds.). *Advances in Biographical Methods: Creative Applications* (pp.106-121). Routledge.
- Koch, P. B., Mansfield, P. K., Thureau, D. & Carey, M. (2005). "Feeling frumpy": The relationships between body image and sexual response changes in midlife women. *Journal of Sex Research*, 42(3), 215-223.
- Kowalcek, I., Rotte, D., Banz, C. & Diedrich, K. (2005). Women's attitude and perceptions towards menopause in different cultures: Cross-cultural and intra-cultural comparison of pre-menopausal and post-menopausal women in Germany and in Papua New Guinea. *Maturitas*, 51(3), 227-235.
- Lachowsky, M. (2002, February). Menopause: loss of self-esteem? In *International Congress Series* (Vol. 1229, pp. 25-30). Elsevier.
- Leatherman, T. L. (1996). A biocultural perspective on health and household economy in southern Peru. *Medical Anthropology Quarterly*, 10(4), 476-495.
- Lennon, K. & Whitford, M. (Eds.). (1994). *Knowing the difference: Feminist perspectives in epistemology*. Psychology Press.
- Letherby, G. (2003). *Feminist research in theory and practice*. McGraw-Hill International.
- Levy, J. A. (1994). Sexuality in Later Life. In A. S. Rossi (ed.) *Sexuality Across the Life Course* (pp. 287- 309) The University of Chicago.
- Lincoln, Y. S. & Guba, E. G. (1985). *Naturalistic inquiry* (Vol. 75). Sage.
- Lincoln, Y. S. & Guba, E. G. (1986). But is it rigorous? Trustworthiness and authenticity in naturalistic evaluation. *New directions for program evaluation*, 1986(30), 73-84.

- Lindau, S. T., Schumm, L. P., Laumann, E. O., Levinson, W., O'Muirheartaigh, C. A. & Waite, L. J. (2007). A study of sexuality and health among older adults in the United States. *New England Journal of Medicine*, 357(8), 762-774.
- Lloyd, A. (2010). Framing information literacy as information practice: site ontology and practice theory. *Journal of Documentation*, 66(2), 245-258.
- Lock, M. (1982). Models and practice in medicine: menopause as syndrome or life transition? *Culture, Medicine and Psychiatry*, 6(3), 261-280
- Lock, M. (1994). Menopause in cultural context. *Experimental Gerontology*, 29(3), 307-317.
- Lorber, J. (1993). Believing is seeing: Biology as ideology. *Gender & Society*, 7(4), 568-581.
- Lorber, J. (2011). The Social Construction of Gender. In D. B. Grusky & S. Szelenyi (Eds.), *The Inequality Reader: Contemporary and Foundational Readings in Race, Class and Gender* (pp. 318-326). Westview Press.
- Lotfi, R., Tehrani, F. R., Khoei, E. M., Yaghmaei, F. & Dworkin, S. L. (2013). How do women at risk of HIV/AIDS in Iran perceive gender norms and gendered power relations in the context of safe sex negotiations?. *Archives of sexual behavior*, 42(5), 873-881.
- Lynch, C. & Danely, J. (Eds.). (2013). *Transitions and transformations: cultural perspectives on aging and the life course* (Vol. 1). Berghahn Books.
- Mahdavi, P. (2009). "But What if Someone Sees Me?" Women, Risk, and the Aftershocks of Iran's Sexual Revolution. *Journal of Middle East Women's Studies*, 5(2), 1-22.
- Mandelbaum, D. G. (1973). The study of life history: Gandhi. *Current Anthropology*, 177-206.
- Marquis, K. H., Marquis, M. S. & Polich, J. M. (1986). Response bias and reliability in sensitive topic surveys. *Journal of the American Statistical Association*, 81(394), 381-389.
- Marshall, B. L. (2010). Science, medicine and virility surveillance: 'sexy seniors' in the pharmaceutical imagination. *Sociology of health & illness*, 32(2), 211-224.
- Marshall, B. L. (2012). Medicalization and the refashioning of age-related limits on sexuality. *Journal of sex research*, 49(4), 337-343.
- Marshall, B. L. & Katz, S. (2002). Forever functional: Sexual fitness and the ageing male body. *Body & Society*, 8(4), 43-70.

- Martin, E. (1987). *The woman in the body: A cultural analysis of reproduction*. Beacon Press.
- Martin, W. (2007). *Embodying 'active' ageing: bodies, emotions and risk in later life* (Doctoral dissertation, University of Warwick).
- Mays, N. & Pope, C. (2000). Qualitative Research in Health Care: Assessing Quality in Qualitative Research, *British Medical Journal*, 320(1), pp. 50-52.
- McCormack, M. (2012). *The declining significance of homophobia*. Oxford University Press.
- McCormack, M. (2014). The intersection of youth masculinities, decreasing homophobia and class: An ethnography. *The British journal of sociology*, 65(1), 130-149.
- McCrea, F. B. (1983). The politics of menopause: The “discovery” of a deficiency disease. *Social Problems*, 31(1), 111-123.
- McDowell, L. (1999). *Gender, identity and place: Understanding feminist geographies*. University of Minnesota Press.
- McNay, L. (1999). Gender, Habitus and the Field: Pierre Bourdieu and the Limits of Reflexivity. *Theory, Culture & Society*, 16(1), 95-117.
- Mead, G. H. & Morris, C. W. (1967). *Mind, Self & Society from the Standpoint of a Social Behaviorist*. University of Chicago Press.
- Melby, M. K. Lock, M. & Kaufert, P. (2005). Culture and symptom reporting at menopause. *Human reproduction update*, 11(5), 495-512.
- Merghati-Khoei, E. (2005). *Language of love in culture of silence: Sociocultural context of Iranian women's sexual understandings* (Unpublished PhD thesis). UNSW University School of Public Health and Community Medicine of Sydney, Australia.
- Messerschmidt, J. W. (2008). And Now, the Rest of the Story A Commentary on Christine Beasley's “Rethinking Hegemonic Masculinity in a Globalizing World”. *Men and Masculinities*, 11(1), 104-108.
- Miller, R. L. (2000). *Researching life stories and family histories*. SAGE.
- Mills, C. W. (2000). *The sociological imagination*. Oxford University Press.
- Mills, C. W., Gerth, H. H. (Eds.). (1958). *From Max Weber: essays in sociology*. Oxford University Press.
- Milstead, B. (1988). Feminist Theology and Women in the Muslim World: An Interview with Riffat Hassan. *Feminist Theology*. Retrieved from <http://www.wluml.org/node/246>

- Moaddel, M. & Azadarmaki, T. (2002). The worldviews of Islamic publics: The cases of Egypt, Iran, and Jordan. *Comparative Sociology*, 1(3), 299-319.
- Mohammad, K., Sadat Hashemi, S. M. S. & Farahani, F. K. A. (2004). Age at natural menopause in Iran. *Maturitas*, 49(4), 321-326.
- Molyneux, M. (1979). Beyond the domestic labour debate. *New Left Review*, 116(3), 27.
- Moreira, T. (2015). Unsettling standards: The biological age controversy. *The Sociological Quarterly*, 56(1), 18-39.
- Morse, J. M. (1994). *Critical issues in qualitative research methods*. SAGE.
- Morse, J. M. (2007). Strategies of Intraproject Sampling. In P. L. Munhall (ed). *Nursing Research A Qualitative Perspective*. (pp.529-541). Jones and Bartlett Publishers.
- Morse, J., M. (2000). Determining sample size. *Qualitative Health Research*, 10(1), 3-5.
- Mortimer, J. T. & Shanahan, M. J. (Eds.). (2007). *Handbook of the life course*. Springer Science & Business Media.
- Munhall, P. (2012). *Nursing research*. Jones & Bartlett Learning.
- Murtagh, M. J. & Hepworth, J. (2005). Narrative review of changing medical and feminist perspectives on menopause: From femininity and ageing to risk and choice. *Psychology, health & medicine*, 10(3), 276-290.
- Najmabadi, A. (1993). Veiled discourse-unveiled bodies. *Feminist Studies*, 19(3), 487-518.
- Nasr, V. (2007). The Shia Revival. *Military Review*, 87(3), 9.
- Nettleton, S. (2006). *The sociology of health and illness*. Polity.
- Nettleton, S. (2013). *The sociology of health and illness*. Polity.
- Nettleton, S. & Bunton, R. (1995). Sociological critiques of health promotion. In R. Bunton, S. Nettleton & R. Burrows (eds.) *The sociology of health promotion* (pp. 41-58). Routledge.
- Nettleton, S. & Watson, J. (1998). The body in everyday life: an introduction. In S. Nettleton & J. Watson (eds.) *The body in everyday life* (pp. 1-25). Routledge.
- Neugarten, B. L. & Kraines, R. J. (1965). "Menopausal Symptoms" in Women of Various Ages. *Obstetrical & Gynaecological Survey*, 20(6), 994-1001.

- Neugarten, B. L., Wood, V., Kraines, R. J. & Loomis, B. (1963). Women's attitudes toward the menopause. *Human Development*, 6(3), 140-151.
- Neugarten, B. L. (1996). Time, age and the life cycle. In B. L. Neugarten (ed.) *The meanings of age: Selected papers of Bernice L. Neugarten*, (pp. 114-127) Chicago University Press.
- Neugarten, B. L. & Danan, N. (1996). Sociological perspectives on the life cycle. In B. L. Neugarten (ed.) *The meanings of age: Selected papers of Bernice L. Neugarten*, (pp. 96-113) Chicago University Press.
- Neuman, W. L. (2011). *Social research Methods :Qualitative and quantitative Approaches*, Pearson.
- Nielsen, J. M. C. (1990). *Feminist Research Methods*, Westview Press.
- Niland, P., & Lyons, A. C. (2011). Uncertainty in medicine: Meanings of menopause and hormone replacement therapy in medical textbooks. *Social Science & Medicine*, 73(8), 1238-1245.
- Oakley, A. (1972). *Sex, gender and society*. Ashgate Publishing Ltd.
- Obermeyer, C. M. (2000). Menopause across cultures: a review of the evidence. *Menopause*, 7(3), 184-192.
- O'Neill, M. (2015). Participatory biographies: Walking, sensing, belonging. In M. O'Neill, B. Roberts & A. Sparkes, (eds.). *Advances in Biographical Methods: Creative Applications* (pp.73-89). Routledge.
- O'Neill, M., Roberts, B. & Sparkes, A. (Eds.). (2015). *Advances in Biographical Methods: Creative Applications*. Routledge.
- O'Neill, M. (2010). *Asylum, migration and community*. Policy Press.
- O'Reilly, M. & Parker, N. (2013). 'Unsatisfactory Saturation': a critical exploration of the notion of saturated sample sizes in qualitative research. *Qualitative Research*, 13(2), 190-197.
- Painter, J. (2000). Pierre Bourdieu. In M. Crang & N. Thrift (eds). *Thinking space* (pp.239-260). Routledge.
- Perz, J. & Ussher, J. M. (2008). "The horror of this living decay": Women's negotiation and resistance of medical discourses around menopause and midlife. In *Women's Studies International Forum* (Vol. 31, No. 4, pp. 293-299). Pergamon.
- Phillips, J. E., Ajrouch, K. J. & Hillcoat-Nallétamby, S. (2010). *Key concepts in social gerontology*. SAGE.
- Pitkin, J. (2009). Sexuality and the menopause. *Best Practice & Research Clinical Obstetrics & Gynaecology*, 23(1), 33-52.
- Plummer, K. (1995). *Telling sexual stories: Power, change and social worlds*. Routledge.

- Plummer, K. (2001). *Documents of life 2: An invitation to a critical humanism* (Vol. 2). Sage.
- Polit, D. F. & Beck, C. T. (2004). *Nursing research: Principles and methods*. Lippincott Williams & Wilkins.
- Pollert, A. (1996). Gender and class revisited; or, the poverty of patriarchy. *Sociology*, 30(4), 639-659.
- Rasmussen, M. L., Gowlett, C. & Connell, R. (2014). Interview with Raewyn Connell: the cultural politics of queer theory in education research. *Discourse: Studies in the Cultural Politics of Education*, 35(3), 335-346.
- Reckwitz, A. (2002). Toward a theory of social practices a development in culturalist theorizing. *European journal of social theory*, 5(2), 243-263.
- Reinharz, S. (1992). *Feminist methods in social research*. Oxford University Press.
- Riemann, G. (2003, September). A Joint Project Against the Backdrop of a Research Tradition: An Introduction into "Doing Biographical Research". In *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research* (Vol. 4, No. 3).
- Riessman, C. K. & Quinney, L. (2005) Narrative in Social Work. A Critical Review, *Qualitative Social Work* 4(4): 391-412
- Riessman, C. K. (2002) Analysis of personal narratives, In J.F. Gubrium, & J.A. Holstein (eds) *Handbook of Interviewing Research* (pp. 695-710), Sage.
- Riessman, C. K. (2008). *Narrative methods for the human sciences*. Sage.
- Ringa, V. (2000). Menopause and treatments. *Quality of life research*, 9(1), 695-707.
- Ritzer, G. (2000). *Modern Sociological Theory*, McGraw Hill.
- Roberts, B. (2002). *Biographical research*. Open University Press.
- Roberts, B. (2015). Biographical research: Past, Present, Future. In M. O'Neill, B. Roberts & A. Sparkes (eds.). *Advances in Biographical Methods: Creative Applications* (pp.11-29). Routledge.
- Root, M. (1993). *Philosophy of Social Sciences*, Blackwell.
- Rossi, A. S. (Ed.). (1994). *Sexuality across the life course*. University of Chicago Press.

- Rubin, G. (2011). *Deviations: A Gayle Rubin Reader*. Duke University Press.
- Said, E. (1978). *Orientalism*. New York: Vintage.
- Sayer, A. (2000). *Realism and social science*. SAGE.
- Schatzki, T. R. (2002). *Site of the social: A philosophical account of the constitution of social life and change*. Penn State Press.
- Schippers, M. (2007). Recovering the feminine other: Masculinity, femininity, and gender hegemony. *Theory and society*, 36(1), 85-102.
- Schoenaker, D. A., Jackson, C. A., Rowlands, J. V. & Mishra, G. D. (2014). Socioeconomic position, lifestyle factors and age at natural menopause: a systematic review and meta-analyses of studies across six continents. *International journal of epidemiology*, 43(5), 1542-1562.
- Schooler, D., Ward, L. M., Merriwether, A. & Caruthers, A. S. (2005). Cycles of shame: Menstrual shame, body shame, and sexual decision-making. *Journal of Sex Research*, 42(4), 324-334.
- Seale, C. (1999). Quality in qualitative research. *Qualitative inquiry*, 5(4), 465-478.
- Shaditalab, J. (2006). Islamization and gender in Iran: Is the glass half full or half empty?. *Signs*, 32(1), 14-21.
- Sheehy, G. (1998). *The silent passage: Menopause*. Pocket Books
- Shilling, C. & Mellor, P. (1996). Embodiment, structuration theory and modernity: mind/body dualism and the repression of sensuality. *Body & Society*, 2(4), 1-15.
- Shilling, C. (1993). *The Body and Social Theory*, Sage
- Sievert, L. L. (2006). *Menopause: a biocultural perspective*. Rutgers University Press.
- Simon, W. & Gagnon, J. H. (1999). Sexual scripts. In P. Aggleton & R. Parker (eds.), *Culture, society and sexuality: A reader* (pp. 29-38). London: UCL Press.
- Simon, W. & Gagnon, J. H. (2003). Sexual scripts: Origins, influences and changes. *Qualitative Sociology*, 26(4), 491-497.
- Smiler, A. P., Ward, L. M., Caruthers, A. & Merriwether, A. (2005). Pleasure, empowerment, and love: Factors associated with a positive first coitus. *Sexuality Research and Social Policy*, 2(3), 41-55.
- Smirnova, M. H. (2012). A will to youth: The woman's anti-aging elixir. *Social Science & Medicine*, 75(7), 1236-1243.



- Smith, J. (1984). Quantitative versus interpretive: The problem of conducting social inquiry. In E. House (ed.), *Philosophy of evaluation: New direction for program evaluation* (pp.27-51). Jossey-Bass.
- Smith, L. M. (2012). Biographical method. In J. Goodwin (ed.) *Sage Biographical Research* (pp.1-37). SAGE.
- Sparkes, A. C. & Smith, B. (2009). Judging the quality of qualitative inquiry: Criteriology and relativism in action. *Psychology of sport and exercise*, 10(5), 491-497.
- Stein, A. & Plummer, K. (1994). "I Can't Even Think Straight: Queer Theory and the Missing Sexual Revolution in Sociology. *Sociological Theory*, 12, 178-187.
- Stotland, N. L. (2002). Menopause: social expectations, women's realities. *Archives of women's mental health*, 5(1), 5-8.
- Tehran bureau correspondent, (January 4, 2016). Iran leaps into world's top 10 countries performing plastic surgery. *The National*. Retrieved from <http://www.thenational.ae/arts-life/beauty/iran-leaps-into-worlds-top-10-countries-performing-plastic-surgery>
- Tehran bureau correspondent, (March 1, 2013). The beauty obsession feeding Iran's voracious cosmetic surgery industry. *The Guardian*. Retrieved from <https://www.theguardian.com/world/iran-blog/2013/mar/01/beauty-obsession-iran-cosmetic-surgery>
- Thomas, W. I. & Znaniecki, F. (1996). *The Polish peasant in Europe and America: Monograph of an immigrant group* (Vol. 2). University of Chicago Press.
- Thompson, C. (2005). *Making parents: The ontological choreography of reproductive technologies*. MIT press.
- Torabi, F. & Baschieri, A. (2010). Ethnic differences in transition to first marriage in Iran: the role of marriage market, women's socio-economic status, and process of development. *Demographic Research*, 22, 29.
- Toth, M. J., Tchernof, A., Sites, C. K. & Poehlman, E. T. (2000). Menopause-related changes in body fat distribution. *Annals of the New York Academy of Sciences*, 904(1), 502-506.
- Treas, J. & Lui, J. (2013). Studying housework across nations. *Journal of Family Theory & Review*, 5(2), 135-149.
- Tremayne, S. (2006). Modernity and early marriage in Iran: A view from within. *Journal of Middle East Women's Studies*, 2(1), 65-94.
- Truc, G. (2011). Narrative identity against biographical illusion: the shift in sociology from Bourdieu to Ricoeur. *Études Ricoeuriennes/Ricoeur Studies*, 2(1), 150-167.

- Tuin, I. (2016) Feminisms, First, Second, and Third Wave. In N. Naples, R.C. Hoogland, M. Wickramasinghe and W.C.A Wong (eds.) *The Wiley Blackwell Encyclopedia of Gender and Sexuality Studies*. Wiley Blackwell
- Turner, B. S. (1992). *Regulating Bodies: Essays in medical sociology*. Routledge
- Turner, B. S. (1996). *The Body & Society*, SAGE
- Twigg, J. (2000). *Bathing--the body and community care*. Routledge.
- Twigg, J. (2004). The body, gender, and age: Feminist insights in social gerontology. *Journal of aging studies*, 18(1), 59-73.
- Twigg, J. (2006). *The body in health and social care*. Palgrave Macmillan.
- Twigg, J. & Martin, W. (2015). The challenge of cultural gerontology. *The gerontologist*, 55(3), 353-359.
- Ussher, J. M., Perz, J. & Parton, C. (2015). Sex and the menopausal woman: A critical review and analysis. *Feminism & Psychology*, 25 (4), 449-468
- Utz, R. L. (2011). Like mother, (not) like daughter: The social construction of menopause and aging. *Journal of Aging Studies*, 25(2), 143-154.
- Walby, S. (1989). Theorising patriarchy. *Sociology*, 23(2), 213-234.
- Walby, S. (1997). *Gender transformations*. Psychology Press.
- Walby, S. (2005). Gender mainstreaming: Productive tensions in theory and practice. *Social Politics: International Studies in Gender, State & Society*, 12(3), 321-343.
- Walby, S. (1990). *Theorizing Patriarchy*, Blackwell
- Warde, A. (2005). Consumption and theories of practice. *Journal of consumer culture*, 5(2), 131-153.
- Waters, M. (1989). 'Patriarchy and Viriarchy: An Exploration and Reconstruction of Concepts of Masculine Domination', *Sociology*, 23(2), (May), pp. 193- 211
- Weeks, J. (1985). *Sexuality and its discontents: Meanings, myths, and modern sexualities*. Routledge.
- Weeks, J. (1986). *Sexuality: Key Ideas*. Routledge
- Weinberg, T. S. & Newmahr, S. (Eds.). (2014). *Selves, Symbols, and Sexualities: An Interactionist Anthology*. SAGE.
- West, C. & Zimmerman, D. H. (1987). Doing gender. *Gender & society*, 1(2), 125-151.

- Williams, M. & Vogt, P. (2011). *The Sage Handbook of Innovation in Social Research Methods*, SAGE.
- Windsor, E.J & Burgess, E.O (2004). Sex matters: Future visions for a sex-positive society In M. Stomblor, D.M, Baunach, E.O Burgess, D. Donnelly, W. Simonds, E.J Windsor (eds.) *Sex matters: The sexuality and society reader* (pp. 549-556). Allyn & Bacon.
- Winterich, J. A. (2003). Sex, menopause, and culture sexual orientation and the meaning of menopause for women's sex lives. *Gender & Society*, 17(4), 627-642.
- Winterich, J. A. (2007). Aging, femininity, and the body: What appearance changes mean to women with age. *Gender Issues*, 24(3), 51-69.
- Winterich, J. A. & Umberson, D. (1999). How women experience menopause: the importance of social context. *Journal of Women & Aging*, 11(4), 57-73.
- Wolf, N. (1991). *The beauty myth: How images of beauty are used against women*. Vintage Books.
- Wood, J. M., Koch, P. B. & Mansfield, P. K. (2006). Women's sexual desire: A feminist critique. *Journal of Sex Research*, 43(3), 236-244.
- Wood, J. M., Mansfield, P. K. & Koch, P. B. (2007). Negotiating sexual agency: postmenopausal women's meaning and experience of sexual desire. *Qualitative Health Research*, 17(2), 189-200.
- Yazdkhasti, M., Keshavarz, M., Merghati Khoei, E. & Hosseini, A. F. (2012). The effect of structured educational program by support group on menopause women's quality of life. *Iranian Journal of Medical Education*, 11(8), 986-994.